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MATERNAL AND CHILD HEALTH (MCH) ALLOCATION PLAN AND BUDGET

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INTRODUCTION

These Policies and Procedures are to be followed for all issues pertaining to the County Allocation Agreement between the Maternal and Child Health (MCH) Branch of the State Department of Health Services and the local health jurisdictions. These Policies and Procedures may be amended by subsequent Policy Letters.

This Allocation system is based upon an MCH Branch approved Allocation Plan and Budget for each fiscal year. Reimbursement for activities performed in carrying out the requirements of the Scope of Work is contingent upon these approved documents.

Maternal and Child Health Branch Mission Statement

The mission of the California MCH Branch is to assure that pregnant women and their children can obtain quality maternal and child health services.

Based on a 2000 population census of 33.87 million, 22.3 percent were women of childbearing age (15-44 years) and 27.3 percent were children under 18 years of age. California registered 532,845 live births in 2000.

Goals and Objectives

Based on Healthy People 2010, the California MCH Program operates under four major goals and fourteen objectives.

Goals

1. All children born healthy to healthy mothers.
2. No health status disparities among racial/ethnic, gender, economic, and regional groups.
3. A safe and healthy environment for women, children and families.
4. Equal access for all women, children and their families to appropriate and needed care within an integrated and seamless system.

MCH Five-Year Objectives

1. Ninety percent (90%) of children will have completed the full immunization schedule through age 2 (19-36 months).
2. Reduce pregnancies among females aged 15-17 to no more than 50 per 1,000 females aged 15-17.
3. Increase to at least fifty percent (50%) the proportion of children who have received protective sealants on the occlusal (chewing) surfaces of permanent molar teeth.
4. Reduce deaths to children aged 14 and younger caused by motor vehicle crashes to no more than 3.5 per 100,000 children aged 1-14.

5. Increase to at least 75% the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50% the proportion who continue breastfeeding until 5 to 6 months old.
6. Reduce very low birth weight to no more than one percent (1 %) of all live births.
7. Reduce suicides to no more than 8.2 per 100,000 youths aged 15-19.
8. Increase to at least 90% the proportion of pregnant women and infants who receive risk appropriate care.
9. Increase to at least 90% the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy.
10. Reduce the rate of deaths to children aged 0 through 4 years caused by drowning to no more than 2/3 per 100,000 children aged 0-4 years.
11. Reduce the rate of deaths to adolescents aged 15 through 19 years caused by homicide.
12. Reduce the rate of deaths to adolescents aged 15-19 years caused by motor vehicle injuries.
13. Reduce the percent of women 18 years and older who report experiencing some form of intimate partner physical violence in the past twelve months.
14. Reduce the percent of youth 12-17 years of age in California who report having smoked cigarettes in the past 30 days.

PROGRAM

GENERAL

The State MCH Branch funds local health departments to carry out the core public health functions of assessment, policy development, and assurance to improve the health of the MCH population. For the current fiscal year each Agency (see Glossary for definition) receiving an allocation will address the scope of work goals and objectives which meet the needs identified in the current five-year state MCH Plan and the Agency's Community Health Assessment and local MCH plan.

MCH PROGRAM BACKGROUND

The federal MCH Block Grant to states is authorized under Title V of the Social Security Act of 1935. The MCH Branch makes application to the federal government annually to maintain the Title V programs in the Maternal and Child Health Branch and in a Children's Medical Services Branch consistent with federal and state performance and outcome measures.

The Title V MCH program has the following focus:

- "Provide and assure mothers and children (especially those with low income or limited availability to services) access to quality maternal and child health services."
- "Reduce infant mortality, incidence of preventable diseases and handicapping conditions among children,... and otherwise promote the health of mothers and infants by providing prenatal,... care for low-income, at-risk pregnant women, and to promote the health of children by providing preventive... care for low-income children."

In 1997, Section 123255 was added to the California Health and Safety Code. The statute specifies the structure and requirements for state-funded local programs of maternal and child health. (Please refer to Appendix for the full text of this section of the statutes.)

PROGRAM OPERATION

MCH programs funded through this allocation are not intended to be major providers of direct clinical services, but rather to serve as an agency for assessment of needs, coordination of effort at both state and local levels, and planning to assure systems of care that achieve the health objectives set by the State. The MCH program should provide leadership in planning, developing, and supporting comprehensive systems of preventive and primary care.

REQUIRED ELEMENTS

Required elements of the MCH program include:

Key personnel,
Outreach services,
Local activities, and
Special programs

Each of these elements will be discussed in detail in separate sections to follow. They are included in the Scope of Work (SOW), which describes the programs the Agency will provide and are included in the Allocation Funding Application (AFA) process.

KEY PERSONNEL

Key personnel consist of an MCH Director and a Perinatal Services Coordinator (PSC).

MCH Director

The MCH Director and/or Coordinator are qualified health professionals based on the Agency's population. The formula for the full time equivalent is contained in the following table.

**Health Jurisdiction Full-Time Equivalent
MCH Director Requirements**

Total Population	FTE MCH Director
> 3.5 million	2.0 Physicians
750,001-3.5 million	1.0 Physician
200,001-750,000	1.0 Public Health Nurse
75,001-200,000	.75 Public Health Nurse
25,000-75,000	.50 Public Health Nurse
<25,000	.25 Public Health Nurse

Physicians must be board-certified, or board-eligible, in specialties of OB/GYN, Pediatrics, Family Practice, or Preventive Medicine.

A non-physician MCH Director must be a certified public health nurse (PHN).

The MCH Director/Coordinator will dedicate a percentage of time to MCH activities that complies with the MCH State Guidelines for the population. Refer to the above table.

As funding availability permits, MCH will allocate additional funding to rural counties to increase the time base of the MCH program staff to a combined total of one FTE in order to participate in State and regional MCH activities that will improve the local MCH program.

MCH Director Responsibilities

All MCH Program Directors and/or Coordinators, funded in whole or in part by the MCH Allocation Plan and Budget, will be the lead for the local MCH program, in the health jurisdiction.

The MCH Director, in collaboration with the local health officer, shall have general responsibility and authority to plan, implement, evaluate, coordinate and manage MCH services in the local health jurisdiction.

The MCH Director's role as the head of the local MCH program is to direct the local program to perform the core public health functions of assessment, policy development and assurance and implement the approved SOW.

The functions of assessment, policy development and assurance are discussed below.

Assessment

The MCH Director/Coordinator will:

- monitor local health status indicators for pregnant women, infants and children using standardized data techniques,
- identify health issues and interact with local health care providers, key informants in the community, managed care plans, coalitions, etc., for the purpose of sharing analyses of local vital statistics, identifying at-risk populations and conducting surveys to gain better understanding of health needs in the community,
- identify barriers to the provision of health and human services for MCH populations, and
- participate in MCH Branch sponsored training on data sources, data management, preparation of data for analysis and the translation of data into information for program planning.

Policy Development

The MCH Director/Coordinator will:

- use information gathered during assessment to develop and implement local policies and programs to implement effective interventions, and
- develop plans and direct resources consistent with program goals and objectives.

Assurance

The MCH Director/Coordinator will:

- include program activities, facilitate access to care and appropriate use of services that may include outreach, referral, transportation, childcare, translation services and care coordination;
- maintain the agency's toll-free telephone line or a "no cost to the calling party" telephone system, to assure access to services for women and children and appropriate referral to needed health and human services;
- coordinate all MCH outreach services from various programs to prevent duplication of service and for optimal use of resources;

- participate in quality assurance activities that improve community health indicators for women, children, and families and
- build into selected local priority activities methods of measuring outcomes and evaluating progress toward achieving both State and local MCH objectives.

Required Trainings/ Meetings

MCH Directors must attend California Conference of Local Directors of Maternal Child and Adolescent Health (CCLDMCAH) meetings and other required trainings. Adequate funding for training and meeting expenses, including travel, must be built into the annual budget.

PERINATAL SERVICES COORDINATOR (PSC)

Based upon the local birth rate, each health jurisdiction must have a Perinatal Services coordinator who meets the time and professional requirements identified in the table to follow.

**Health Jurisdiction Fulltime Equivalent
PSC Requirements**

Total Number of Births	FTE PSC
>100,000	2.0 SPMP
20,001-100,000	1.0 SPMP
5,001-20,000	.75 SPMP
1,000-5,000	.50 SPMP
<1,000	.25 SPMP

Consideration should be taken of the numbers of Medi-Cal births, numbers of obstetric providers and geographic considerations when determining the appropriate FTE for a jurisdiction.

PSC Responsibilities

The PSC, under the direction of the MCH Director, will have the responsibility to:

- assess the need for perinatal care for women in the jurisdiction;
- assist in the implementation of the Comprehensive Perinatal Services Program (CPSP);
- assist providers to deliver CPSP services in accordance with Title 22 California Code of Regulations; and
- participate in the functions of assessment, policy development and assurance as discussed below.

Assessment

The PSC will:

- monitor trends in access and quality of prenatal care, including the adequacy of the obstetrical provider network and its ability to meet the needs of the target population; and
- identify areas that have disproportionately high need in relation to access to care and other barriers to the delivery of appropriate and timely prenatal care, e.g., substance abuse, ethnic/cultural groups

Policy Development

The PSC will:

- incorporate assessment findings and activities to improve services (if indicated) in the jurisdiction's Community Profile and Local MCH Plan;
- inform the perinatal community, including providers, managed care plans, and other health and human service providers about local status and trends of perinatal outcomes and their relationship to the MCH yearly plan;
- educate the provider community including providers, managed care plans, and other health and human service providers about CPSP, the needs of the target population and sub-populations such as the homeless, substance using, and migrant workers, etc.;
- collaborate with providers and other third party payors to extend comprehensive perinatal care to all pregnant women at or below 200% of poverty;
- participate in local planning to address unmet needs to provide access to first trimester care for all pregnant women;
- conduct provider education and continuous quality improvement programs that will reduce perinatal mortality and morbidity and
- promote, develop and coordinate professional and community resources that will serve the multidisciplinary needs of the pregnant woman and her family.

Assurance

The PSC will:

- process applications for those eligible providers desiring to become approved CPSP providers;
- provide consultation and technical assistance to prenatal care providers including FQHC/95-210 clinics and managed care plan contractors, in the implementation of Title 22, CCR Sections 51170 et seq. relating to comprehensive perinatal services;
- undertake quality assurance activities, as appropriate, with CPSP providers and managed care plans and participate in regional and statewide CPSP advisory committees/workgroups;
- address issues related to access and quality of perinatal care;
- assure comprehensive perinatal services to all Medi-Cal eligible women in both fee-for-service and capitated health systems;

- facilitate meeting the needs of providers and managed care plans for updated materials, resources and information on CPSP and the needs of the target population and
- work with the perinatal community including provider, managed care plans and other health and human service providers to reduce barriers to care, avoid duplication of services and improve communication.

Required Trainings/ Meetings

Attendance at state-sponsored PSC meetings and other required trainings and related activities such as task force committees, is essential for the coordination and operation of this program.

New PSC must attend a new coordinator orientation.

Adequate funding for training and meeting expenses, including travel, must be built into the annual budget.

KEY STAFF CHANGES

The agency must notify the MCH Branch in writing and receive approval prior to any proposed change of key MCH program staff (i.e., MCH Director, PS Coordinator, BIH Coordinator, FIMR Coordinator, etc.). The job qualifications for the person holding the position must be enclosed with the request.

If the proposed changes involve a change in the allocated time (full time equivalent) or involves new or changed duties, this necessitates revised duty statements, job specifications, organizational charts, Medi-Cal justification and annual budget.

The MCH Branch will respond in writing within 30 days after receiving all required information.

Key Staff Waivers

If an agency is unable to provide the full-time equivalent for either the MCH Director/Coordinator or the Perinatal Services Coordinator at the time allocations detailed in the requirement charts, they need to submit a written request for a key staff waiver. Such a request should outline the circumstances for the waiver and the qualifications of the person or persons who will be filling the position.

A Key staff waiver is for a specific person and remains in place only as long as that person occupies the position for which the waiver was approved. If the person who was issued a waiver changes positions or leaves employment with the agency, the waiver is void and the requirement reverts to the requirement chart.

A copy of the approved key staff waiver should be submitted yearly along with an explanation for continuing the waiver with other documents for the AFA negotiations.

OUTREACH PROGRAMS

Outreach includes integrated activities within the MCH Scope of Work. This includes Prenatal Care Guidance (PCG), Perinatal Outreach and Education (POE) and a Title V Toll-Free telephone referral system, which is discussed at the end of the Outreach Section.

It also includes other local or specific outreach programs to increase access to perinatal care and preventive health care services for children such as Baby Cal and Access for Infants and Mothers (AIM), and the Healthy Families program for children.

Targeted or model programs for special populations or for meeting specific MCH objectives such as Black Infant Health (BIH) and Fetal Infant Mortality Review (FIMR) are under the MCH umbrella, however, due to their unique nature, they are discussed in their own sections under Specialized Programs.

The variety of outreach activities in MCH underlies the importance of outreach as a public health effort and recognizes the diversity of effective approaches needed to serve California's heterogeneous population.

All outreach should be coordinated by the MCH Director to identify high need areas where outreach should be intensified, to assure quality services and avoid duplication of efforts and/or shared resources with related services.

Agencies must track client referrals to obtain unduplicated counts of those receiving outreach services and summarize the results in the annual report.

Each health jurisdiction must provide coordinated outreach activities to:

- inform low income pregnant women and women of childbearing age, other target groups, and the agencies that provide services to them of:
 - a. the need for early and continuing prenatal care;
 - b. the availability of and sources of prenatal care and
 - c. the Medi-Cal application process;
- follow high-risk targeted Medi-Cal eligible women to assist them in continuing prenatal care and to assist them in obtaining other needed services;
- assess tobacco and other substance use (including secondhand tobacco exposure) and referral to treatment programs as appropriate and,
- assist families with infants and children who are eligible to obtain State funded health coverage through Medi-Cal, AIM, Healthy Families and Child Health and Disability Program (CHDP) so they can access appropriate medical care and meet the recommended preventive health visits for their child.

Toll-Free Telephone Services

All agencies must have a toll free or "no cost to the calling party" telephone system which provides:

A current list of available culturally and linguistically appropriate community health and human resources, and information and referral to the general public regarding access to prenatal care.

The telephone number must be disseminated widely throughout the health jurisdiction by means of pamphlets, publications and media publicity.

At a minimum, the toll free line must be operational during normal business hours and must be linguistically appropriate. Personnel staffing the toll-free line should have cultural sensitivity training. After-hours messages must be answered by the end of the following business day.

Agencies should consider keeping a log of incoming calls and referrals to assist in evaluating utilization.

Please refer to the Progress Report Requirements, Toll Free Telephone Report (Form 6) in the Reporting Section, for necessary revised reporting requirements for the Annual Report.

The current listing of local toll-free numbers is included in the Appendix.

LOCAL ACTIVITIES

The MCH Program also includes locally defined activities, based upon a local needs assessment, to achieve selected objectives of the current MCH Five-Year Plan such as breastfeeding promotion, teenage pregnancy prevention, or reduction of physical abuse directed at women.

SPECIALIZED PROGRAMS

Under the MCH umbrella, the specialized programs, BIH and FIMR have a separate scope of work. BIH requires a separate budget, however FIMR costs are included in the MCH budget. These are necessary to maintain specific program and budgetary mandates, which are covered in separate sections of this manual.

The Adolescent Family Life Program (AFLP) and the Adolescent Sibling Pregnancy Prevention Program (ASPPP) have a separate policy and procedure manual which contains their Scope of Work and budget policies.

MCH SCOPE OF WORK (SOW)

General

The MCH Scope of Work (SOW), which is a part of the annual Allocation Funding Application (AFA) is based upon the four MCH Goals and Fourteen Objectives for the current MCH five-year plan. (See introduction for Goals and Objectives.)

The MCH SOW consists of four required objectives, which define the structure, function, and processes of the local MCH program.

Objectives 1-3 define implementation activities, timelines, and methods of evaluating outcome. They form the infrastructure of the local MCH program and are consistent for all 61 jurisdictions.

Objective 1

Objective 1 details the responsibilities of the MCH Director to implement a local MCH program. Emphasis is on community collaboration, infrastructure development and provision of family-centered, culturally competent services to improve health outcomes for the MCH population. The MCH Director is also responsible for the coordination and implementation of all the programs included in the MCH Allocation.

Objective 2

Objective 2 describes the outreach and case finding activities to be undertaken by the MCH program. Outreach activities must include targeted activities to low-income women and children to assist them in receiving early and continuous perinatal, infant and pediatric preventive health care services and other appropriate services.

Objective 3

Objective 3 describes the responsibilities of the Perinatal Services Coordinator (PSC). The PSC implements the Comprehensive Perinatal Services Program at the local level in addition to evaluating the perinatal care needs of the entire jurisdiction.

Objective 4

Objective 4 describes one or more locally defined priority issues. Local agencies completed a Community Health Assessment in 1998-1999. From this they developed a 5-year Local MCH Plan for their health jurisdiction consistent with the State Title V Plan. Objective 4 reflects the local health agency's priorities developed from its Community Health Assessment.

In subsequent years, agencies must continue to implement activities directed to address these priority issues. They must define implementation activities and/or interventions and define outcome measures that will be used to determine progress toward achieving improvements in these areas.

Activities from the previous year may be carried over to the next year provided activities remain consistent with the plan. Local trends in MCH and the agency's progress in implementing their individualized plan should be a part of their annual report.

**Changes to the
Scope of Work**

Proposed changes to the SOW or the 5-Year Comprehensive Assessment must be submitted in writing with all corresponding documents to the MCH Program Consultant for review and approval within 30 days of the change. It is encouraged to discuss proposed changes with the program consultant and contract manager prior to submitting them for approval. The MCH Branch will respond in writing within 30 days after receiving all required documents and information.

Timelines must conform to the fiscal year for which the allocation applies. The timeframe for a particular objective or activity may be shorter than the fiscal year, but it cannot be longer than the fiscal year.

Each implementation activity must have a method of measuring or evaluating the outcome as it relates to meeting the objective.

Reports

The agency's achievements regarding their SOW are included in Mid-year and Annual reports. The format and guidelines for these reports are included in the Reporting Section.

All correspondence with the MCH Branch flows through the Contract Manager who maintains the agency's central file.

Duty Statements

All personnel funded through the MCH Budget need duty statements, which describe those activities funded through the MCH allocation or directly related to the MCH program. The titles should match those on the organizational chart, budget, and budget justification.

As a part of the Allocation Funding Application (AFA), current duty statements for personnel identified on the budget shall be used as supporting documentation for the percent of time assigned to MCH program activities and level of Federal Financial Participation (FFP) matching.

Duty statements must:

- accurately reflect the amount of time devoted to Title V and Title XIX activities,
- describe the Title V and Title XIX activities, and
- note the specific programs to which their time is allocated.

Agency job Specifications must signify they require Skilled Professional Medical Personnel (SPMP), if enhanced funding match is claimed.

Organizational Charts

Each agency must have an organizational chart for MCH and any specials program they have which:

- identifies the MCH program and its relation to other public services for women and children,
- illustrates the relationship of MCH personnel and programs to the MCH Director, the local health officer and overall agency, and
- identifies all staff positions funded through MCH funds or involved in MCH activities. Staff positions should match the duty statement titles. The budget line number, and initials of the staff member should be listed on the organizational chart for ease of identification with the positions in the budget and budget justification.

The organizational charts become part of the annual AFA.

Agency:

Allocation Number:

MATERNAL AND CHILD HEALTH (MCH) SCOPE OF WORK

The Agency must work toward achieving the following goals and accomplish the following objectives. This will be done by performing the specified activities and evaluating the results using the listed methods focusing on process and/or outcome.

Goal 1: All children born healthy to healthy mothers.

Goal 2: No health status disparities among racial/ethnic, gender, economic and regional groups.

Goal 3: A safe and healthy environment for women, children and their families.

Goal 4: Equal access for all women, children and their families to appropriate and needed care within an integrated and seamless system.

Timelines: All of the implementation activities identified in this Scope of Work are to be conducted within the term of this allocation's Fiscal year.

Objective 1

The Agency will operate an MCH Program under the direction of an approved MCH Director in accordance with the State MCH Branch Policies and Procedures.

Implementation Activities

- 1.1 The Agency, under the direction of the MCH Director, will:
- develop policies and standards, and conduct activities that improve health outcomes for the MCH population;
 - develop Agency and/or community infrastructures that provide family-centered, culturally-competent services;
 - use core public health functions to assure that progress is made toward the four MCH goals and fourteen objectives.

Evaluation Process or Outcomes-

The MCH Director will meet professional qualifications and time commitment specified in the MCH Policies and Procedures and submit verification of requirement compliance to the MCH Branch for approval.

Activities performed under this objective shall be documented in writing as part of the Annual Report.

- 1.2 The MCH Director will have the responsibility for implementation of MCH programs including (where applicable):
- Adolescent Family Life Program
 - Black Infant Health Program
 - Comprehensive Perinatal Services Program
 - Fetal/Infant Mortality Review Program
 - Perinatal Outreach and Education

Evaluation Process or Outcomes-

Maintain documentation of activities on file.

Summarize activities and describe outcomes/impact in the Mid-Year and Annual Reports in accordance with the current fiscal year Policies and Procedures.

Objective 2

Under the direction of the MCH Director, the Agency must provide a coordinated local effort to improve outreach and case finding activities for pregnant women and children including care coordination activities stressing early and continuous perinatal infant, and child care.

Under the direction of the MCH Director, the Agency must provide a coordinated local effort for outreach and case finding activities for low income, high-risk women of childbearing age, pregnant women, and children. This coordinated local effort includes stressing the importance of early and continuous perinatal, infant and pediatric healthcare. Activities performed under this objective must be consistent with those specified in Health and Safety Code Sections 104560-104569 (see appendix).

Implementation Activities

- 2.1 The agency must perform comprehensive outreach activities to the MCH population, including referrals to the Health Families Program, Medi-Cal and Access for Infants and Mothers (AIM). Outreach, case finding and care coordination activities shall be targeted to high-risk populations as identified in the jurisdiction's five year MCH plan. Priority is given to the following populations:
- Low income pregnant women
 - Women, children and adolescents who are not linked to a source of care
 - Women of childbearing age who are at risk for adverse perinatal outcomes, including but not limited to, tobacco exposure and substance abuse.
- 2.1a The Agency must maintain the following:
- Title V toll-free telephone information service;
 - Prenatal Care Guidance (unless the jurisdiction does not participate in this program);
 - Referrals for healthcare coverage to Medi-Cal, AIM and the Healthy Families Program;
 - Education on the importance of early and continuous prenatal and well child care; and
 - Assessment of tobacco and other substance use (including secondhand tobacco smoke exposure) and referral to treatment programs as appropriate.
- 2.1b The Agency shall promote community wide collaboration in the development and implementation of outreach programs, as well as work to assure that services are provided in a culturally sensitive manner and avoid duplication of services.
- 2.1c Develop protocols and evaluation methods to measure success of activities as they relate to the State's MCH priorities and Agency's multi-year plan.

Evaluation Process or Outcomes-

Maintain documentation of activities on file, as specified by MCH Branch.

Summarize activities; describe measures of success and outcomes/impact in the Mid-Year and Annual Reports in accordance with current fiscal year Policies and Procedures.

Objective 3

The Agency must provide skilled professional expertise, appropriate to the population needs of the jurisdiction, in identifying, coordinating, and expanding health and human services for pregnant women and children through collaborative planning, development, and assurance of quality perinatal services.

Implementation Activities

- 3.1 The Agency must have an approved Perinatal Services Coordinator who meets the professional qualifications and time commitment specified in the MCH Policies and Procedures.

Evaluation Process or Outcomes-

Maintain documentation of activities on file.

Summarize activities and describe outcomes/impact in the Mid-Year and Annual Reports in accordance with current fiscal year Policies and Procedures.

- 3.2 Perinatal Services Coordinators must carry out the responsibilities and activities detailed in the MCH Policies and Procedures.

Evaluation Process or Outcomes-

Maintain documentation of activities on file.

Summarize activities and describe outcomes/impact in the Mid-Year and Annual Reports in accordance with current fiscal year Policies and Procedures.

Objective 4

Address priority unmet needs identified in the local Community Health Assessment and MCH Plan; continue to monitor MCH needs and make modifications to the local Plan in order to achieve the desired outcome of improved maternal, child, and adolescent health

Implementation Activities

- 4.x For each separate priority unmet need of the Community Health Assessment, specify one or more local implementation activities and appropriate evaluation processes or outcomes. All implementation activities must be appropriate, specific, and have a quantifiable or measurable effect within each fiscal year.

Evaluation Process or Outcomes-

Maintain documentation of activities on file.

Summarize activities and describe outcomes/impact in the Mid-Year and Annual Reports in accordance with current fiscal year Policies and Procedures.

BLACK INFANT HEALTH (BIH) PROGRAM

The purpose of the Black Infant Health (BIH) Program is to eliminate the disproportionate African-American infant mortality rate and to improve related health status indicators in the African-American communities of California. The BIH Program is designed to identify “at risk” pregnant and parenting African-American women, to provide them assistance that will aid in their accessing and maintaining appropriate health care and receiving other family supportive services. Additionally, BIH assures that appropriate pediatric and preventive baby care, including immunizations are available and accessible to all children in the family and community through the first two years of life.

The BIH Program is implemented in the 17 health jurisdictions where ninety-three percent of African-American live births and deaths occur. It is within these areas where present and future efforts to reduce African-American infant mortality are directed with the expectancy of improving outcomes toward this critical public health indicator. Agencies are responsible for including fees in budgets for any anticipated intervention training. Note that required intervention training is to be negotiated at the local level.

To further address low birth weight and pre-term births in African-American infants, the MCH Branch provided the leadership and support for the development of Guidelines for Primary Prevention of Prematurity in African-American infants. These guidelines were disseminated during fiscal year 2000/2001, however, additional copies are available upon request.

BIH PROGRAM OPERATION

Each agency receiving a BIH allocation will operate a program that meets the MCH Branch guidelines by implementing the required elements of a BIH Program. At a minimum, each of the seventeen jurisdictions are required to explore utilizing the augmentation resources to expand program services, double clients served, and where feasible, implement the full spectrum/all interventions (prenatal care outreach, social support/empowerment, case management, and role of men) offered by the MCH Branch BIH Program, but prioritized by local need.

All BIH Programs are required to begin the Community Assessment Guideline Process to determine/identify and substantiate local program need. The Community Assessment Guidelines consists of the compilation and integration of relevant statistical information and opinions into a coherent picture of where the local African-American community stands and what needs to be accomplished to insure the provision of quality services.

The need to complete the community assessment guidelines affords local programs to:

- determine the adequacy of the current service delivery system by identifying gaps in available services or duplication of efforts;
- ensure that new or modified activities address community needs on a priority basis;
- ensure that new efforts build on existing ones, rather than duplicating existing ones;
- ensure that plans are not made in a vacuum, in the absence of critical information;
- increase the coordination of the entire community system by involving other pertinent agencies and staffs and promotes cooperative spirit and good will intent.

Steps to complete the Community Assessment Guidelines are to be initiated in fiscal year 2002/03, completed and submitted in the following fiscal year 2003/04. To facilitate local efforts in accurately and appropriately assessing local needs, State staff will coordinate/conduct Community Assessment Guideline training during the first quarter of next fiscal year.

PROGRAM CLARIFICATIONS

Target Population

The BIH Program is established and implemented to address the medical and other family supportive service needs of women who deliver infants with the most adverse birth outcomes. In response to the most prominent health indicators (infant mortality, low birth weight, and prenatal care), the BIH Program is implemented to serve African-American women.

In 1999, the infant mortality rate for African-Americans was 12.9 deaths per 1,000 live births compared to 4.7 deaths for non-Hispanic Whites. The percentage for African-American infants born with low birth weight was 11.8 percent compared to 5.6 percent for non-Hispanic Whites. The late or no prenatal care reported for African-Americans was 18.9 percent compared to 10.9 for non-Hispanic Whites.

Age

The BIH Program serves pregnant and parenting African-American women 18 years of age and above, and/or women (adolescents) who may be eligible for but are not currently being served by the Adolescent Family Life Program. Please note, that teens are unequivocally to be served by the local AFLP. Teens are not to be targeted for service provision by the BIH Program. Teens may **only** be served by the BIH Program when a declaration of preference is noted and/or both programs collaboratively agree for services to be provided by BIH. Teens cannot be the beneficiaries of dual program services.

Program Focus

The BIH Program serves pregnant and parenting African-American women, infants, and children “at risk” for poor birth or perinatal outcomes. Characteristics that contribute to the “at risk” status include but is not limited to (1) women who have experienced a fetal or infant demise, (2) women delivering a previous low birth weight and/or premature baby, (3) pregnant/parenting women who have not accessed appropriate health care and/or other supportive services due to systemic or personal barriers, (4) pregnant/parenting women who require assistance in accessing and receiving Medi-Cal and/or other required services due to systemic or personal barriers, and (5) women who have an inadequate support system.

BIH OBJECTIVES

Objective 1

Increase to at least 90 percent, the proportion of all pregnant women who receive continuous prenatal care starting in the first trimester of pregnancy.

Objective 2

Reduce low birth weights (LBW) to no more than 5 percent of all live births.

Objective 3

Reduce the African-American infant mortality rate to no more than 11 per 1,000 live births by the year 2010.

Objective 4

Reduce the African-American maternal mortality rate to no more than 5 per 100,000 live births.

Objective 5

Implement the Prematurity Prevention Guidelines.

**REQUIRED
PROGRAM
ELEMENTS**

- Culturally Competent Coordinator
- Outreach/Case Finding
- Client Tracking/Follow-up
- Model Intervention Implementation
- Community Mobilization and Network Development
- Evaluation

Local programs must implement the elements of the BIH Program and must fulfill the Coordinator requirements and responsibilities as defined below. Any changes to the operation of the program must be negotiated with the MCH Branch. Local Programs are required to implement a culturally competent BIH Program acceptable to the African-American community for the purpose of securing community support, ownership of the existing issues and challenges, and developing a partnership for reducing the African-American infant morbidity and mortality rate.

**BIH Coordinator
Requirements and
Responsibilities**

Each agency accepting BIH funds must maintain a culturally competent BIH Coordinator. Currently, there are many definitions of cultural competence being used, however the following is a useful definition.

Cultural and linguistic competence as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.”

Cultural competence within the health system requires:

- care that is given with an understanding of and respect for the patient’s health-related beliefs and cultural values; care that takes into account disease prevalence and treatment outcomes specific to different populations; and that incorporates the active participation of community members and consumers,
- staff who respect the health-related beliefs, interpersonal styles, and attitudes and behaviors of the individuals, families, and communities they serve,
- administrative, management, clinical, and organizational assessment and processes that ensure a uniform and consistent response by all staff in every policy, procedure, and interaction,
- recruitment, retention, and training of staff that reflect and respond to the values and demographics of the communities served. Thus, allocating staff who are indigenous to “at risk”, hard to reach, disconnected communities are more effective in appropriately serving and mobilizing those communities toward viable change. Indigenous encompasses: belonging to,

living in (currently or past) or relating to the community, based on past experiences the community accepts as parallel.

The BIH Coordinator, in conjunction with the MCH Director:

- must assume responsibility for developing and maintaining a viable infrastructure, as well as community networks that support, facilitate and promote better health care for at-risk pregnant and parenting African-American women, infants, and their families, and
- conduct a local Community Assessment specific to the African-American community to facilitate improved perinatal services for at-risk pregnant and parenting African-American women, infants, and their families.

The BIH Coordinator must:

- implement and maintain a culturally-competent BIH Program,
- assure the provision of program services in zip code areas with the highest concentration of African-American infant births and deaths,
- facilitate the formation and maintenance of a culturally competent BIH Advisory Board to promote community awareness, education and partnership between the community and the BIH Program to work cohesively toward improving perinatal outcomes,
- project a numeric range/number of anticipated clients to be served by each intervention per service area,
- identify local objective(s) to be implemented in addition to selected interventions, and
- coordinate at a minimum, two BIH Celebrate Healthy Baby community awareness events annually.

The BIH Coordinator and a representative from the BIH Advisory Board should serve on the Fetal Infant Mortality Review Committee, for the purpose of sharing FIMR findings with the BIH Advisory Board and for further community analysis and community based resolutions.

OUTREACH

The BIH Program believes that improved birth outcomes can be achieved through high quality prenatal care that is offered in a supportive environment, emphasizing health promotion and education that is provided in a culturally appropriate and individualized manner. High quality prenatal care begins with effective and culturally competent outreach. Effective outreach is still considered as the foundation of the BIH Program. Without effective outreach to identify, enroll, and ensure the provision of perinatal and other appropriate supportive service services to at risk African-American women and their families, the adverse health status may not be reversed.

All agencies accepting BIH funds must:

- assure the provision of culturally competent outreach in the African-American community targeting pregnant and parenting women at risk for poor birth outcomes, and
- identify by zip code/census tract areas of outreach concentration. Outreach should follow the outreach intervention curriculum as made available by the MCH Branch.

CLIENT TRACKING

All agencies accepting BIH funds must:

- implement an acceptable form of client tracking to assure timely acquisition of appropriate and necessary well baby care, proper immunizations, and maintenance of other services seen as essential and necessary for the well being of infants and children from birth through 24 months. Client tracking may include case management, expanded outreach, care coordination, and/or other follow up services,
- establish coordination, referral and follow up procedures for program clients who have experienced or who may be at risk for family, community, and/or relationship violence.

INTERVENTION IMPLEMENTATION

All agencies accepting BIH funds must:

- promote better health care, pre-conceptual care, proper nutrition, putting babies on their backs to sleep, and smoking cessation programs within a community-based context to assure improved perinatal outcomes and reduce the risk of infant mortality,
- educate pregnant women on recognizing signs and symptoms of pre-term labor; detecting pre-term labor as early as possible; and advise women on helpful hints to prevent pre-term labor, and
- utilize augmentation resources to expand program services, double clients served, and where feasible implement the full spectrum/all interventions offered by the MCH Branch BIH Program, but prioritized by local need.

The four model interventions available for local implementation are: prenatal care outreach; case management; social support & empowerment; and role of men services.

COMMUNITY MOBILIZATION AND NETWORK DEVELOPMENT

All agencies accepting BIH funds must:

- maintain a BIH Community Advisory Board for the purpose of developing/strengthening local partnership collaboration with affected communities and to solicit input and advice on appropriate strategies to alter adverse African-American birth outcomes from a community-based context,
- increase community awareness regarding the disparate Black/White gap for infant mortality through at least two Celebrate Healthy Baby Events, and
- coordinate and collaborate with other relevant programs and service providers as well as community level resources such as Alcohol and Drug Programs, etc. for the purpose of preventing substance abuse, promoting smoking cessation, networking, sharing information and seeking other involvement in improving better birth outcomes for African-American babies.

EVALUATION

All agencies accepting BIH funds must:

- utilize the BIH Data Collection System (MIS) each month to ensure that BIH data is input, updated, and maintained for monthly electronic uploading to the MCH Branch, and
- maintain local data files to be uploaded to the MCH Branch on a monthly basis.

REQUIRED TRAININGS/ MEETINGS

All agencies accepting BIH funds must attend and participate in semi-annual statewide meetings as scheduled and coordinated by the MCH Branch. At a minimum, each program is required to send at least one representative to scheduled BIH meetings. All local BIH program personnel including subcontract staff are encouraged to scheduled BIH statewide meetings.

Agency:

Allocation Number:

BLACK INFANT HEALTH PROGRAM (BIH) SCOPE OF WORK

The Agency must work toward achieving the following goals and accomplish the following objectives. This will be done by performing the specified activities and evaluating the results using the listed methods focusing on process and/or outcome.

- Goal 1: To reduce African-American infant mortality through a comprehensive community-based effort by assuring that at-risk pregnant and parenting women and their infants and children up to age two have access to quality maternal and child health services.**
- Goal 2: To increase the number of African-American women obtaining prenatal care in the first trimester.**
- Goal 3: To reduce the number of African-American infants born with birth weights below 2,500 grams.**
- Goal 4: Reduce the number of African-American women who smoke, use alcohol, and/or nonprescription drugs during pregnancy.**
- Goal 5: Reduce the number of African-American babies who die due to SIDS.**
- Goal 6: To reduce African-American maternal mortality.**

Timelines:

All of the implementation activities identified in this Scope of Work are to be conducted within the term of this allocation's Fiscal year.

Objective 1

Conduct a community-based BIH Program in the local jurisdiction that supports, facilitates, and promotes better health care services for at-risk African-American women, children up to age of two years, and their families.

Implementation Activities

- 1.1 Maintain a culturally-competent Coordinator to oversee and administer the program and carry out the responsibilities and activities detailed in the MCH Policies and Procedures.
- 1.2 Provide and/or assure culturally competent outreach in the African-American community targeting pregnant and parenting women at risk for poor birth outcomes. Identify by zip codes/census tract areas for outreach concentration. Outreach should follow the outreach intervention model made available by the MCH Branch.
- 1.3 Provide and/or assure access to appropriate perinatal services and continuous care coordination including follow-up services to assure timely acquisition of postpartum, well-baby care and immunizations, and other essential services for the well being of infants, children from birth through 24 months, and their mother.

Evaluation Process or Outcomes-

- 1.1-1.3 In the Mid-Year Progress and Annual Reports, describe key activities and accomplishments toward implementing and maintaining the core elements and specific BIH Program Coordinator responsibilities.

- 1.4 Identify by intervention the number/range of African-American clients proposed to serve through the BIH interventions during the current fiscal year.

Evaluation Process or Outcomes-

- 1.4 Summarize clients served in the Mid-Year Progress Report including more details in the Annual Report.

- 1.5 Identify/add additional local objectives and activities aimed at achieving the goals of the BIH Program. Such objectives and activities must clearly expand and amplify community-based efforts aimed at improving the health and well being of African-American women, infants, children, and their families. Local objectives may include but not be limited to implementing the prematurity prevention guidelines developed by Kern County,

Evaluation Process or Outcomes-

- 1.5 Document key activities and accomplishments toward implementing local objectives and activities in the Mid-Year Progress and Annual Reports.

- 1.6 Coordinate and collaborate with all relevant service programs and with community groups to increase the availability and accessibility of appropriate services and to improve community awareness regarding problems associated with infant mortality in the African-American community.

Evaluation Process or Outcomes-

- 1.6 Document key activities and accomplishments toward coordination and collaboration efforts in the Mid-Year Progress and Annual Reports.

- 1.7 Utilization of the BIH Data Collection System (MIS) each month to ensure that BIH data is input, updated, and maintained for monthly electronic uploading to the MCH Branch

Evaluation Process or Outcomes-

- 1.7 Each BIH health jurisdiction must maintain local data files to be uploaded to the MCH Branch on a monthly basis. Files will be uploaded no later than the tenth day of the following month.

Objective 2

Administer culturally competent community outreach and awareness to inform and educate African-American women who are at risk for poor birth outcomes and the community on the importance for early access and maintenance of prenatal care.

Implementation Activities

- 2.1 Conduct culturally competent community outreach to identify and enroll pregnant African-American women who are not receiving care into appropriate health and other supportive services during the first trimester of pregnancy.

- 2.2 Implement activities to educate and increase awareness in the community on the status of infant morbidity and mortality and local efforts to eliminate African-American infant mortality.
- 2.3 Conduct 2 (minimally) Celebrate Healthy Baby Events annually.
- 2.4 Maintain a viable local BIH Community Advisory Board

Evaluation Process or Outcomes-

- 2.1-2.4 Document key outreach activities and accomplishments toward increasing first trimester enrollment. Identify community awareness activities and events in the Mid-Year and Annual Reports.

Objective 3

Develop and implement educational strategies that assist pregnant African-American women to understand the causes of low birth weight.

Implementation Activities

- 3.1 Educate pregnant African-American women on the causes of low birth weight including smoking, substance abuse, and prematurity. Existing educational resources, "What African-American Women Should Know About Preterm Labor" and "How Will I Know If I'm In Preterm Labor", and the Prematurity Prevention Guidelines may be used as educational aides. Also reference "Steps to Take" Kick Count information as well as Los Angeles County Kick Count Media Campaign.
- 3.2 Coordinate with local providers to request during prenatal visit that they educate and provide resource material to pregnant African-American women on the need for adequate prenatal care, healthy lifestyle choices, with emphasis on the need to recognize signs and symptoms of pre-term labor to prevent premature births.

Evaluation Process or Outcomes-

- 3.1-3.2 In the Mid-Year Progress and Annual Reports document activities toward educating African-American women on causes of low birth weight, and signs and symptoms of pre-term labor. Document efforts to work with providers to partner with programs in educating African-American women regarding prenatal care and pre-term labor issues.

Objective 4

Coordinate with existing treatment services for substance and alcohol abuse and smoking cessation programs for referral of pregnant African-American women to reduce/eliminate risky behaviors during pregnancy.

Implementation Activities

- 4.1 Identify African-American pregnant women who currently use alcohol, illicit substances, and/or tobacco products for referral to appropriate treatment programs.

Evaluation Process or Outcomes-

- 4.1 In the Mid-Year Progress and Annual Reports, describe activities toward working with clients to reduce/eliminate adverse behavior (substance/alcohol use and smoking) during pregnancy.

- 4.2 Monitor client's behavior modification to identify a reduction in adverse behavior during pregnancy.

Evaluation Process or Outcomes-

- 4.2 In the Mid-Year Progress and Annual Reports document the number of women referred to treatment programs and any successes with women modifying adverse behavior.

Objective 5

In conjunction with the State's SIDS Program, educate African-American families on SIDS deaths in the African-American community and strategies that may prevent SIDS deaths.

Implementation Activities

- 5.1 Disseminate and discuss SIDS resource materials including the Back to Sleep campaign to pregnant African-American families.

Evaluation Process or Outcomes-

- 5.1 In the Mid-Year Progress and Annual Reports, describe activities conducted to teach African-American pregnant families about SIDS and how SIDS deaths may be prevented.

- 5.2 Assess and monitor newborn sleeping patterns with mothers during follow-up visits.

Evaluation Process or Outcomes-

- 5.2 In the Mid-Year Progress and Annual Reports, describe the number of women/men and their families who received information on the Back to Sleep campaign.

FETAL INFANT MORTALITY REVIEW (FIMR) PROGRAM

The California FIMR program is modeled after the National FIMR program as developed by the American College of Obstetricians and Gynecologists (ACOG). Currently FIMR programs are implemented in 22 California health jurisdictions and are funded by the Maternal and Child Health (MCH) Branch through Title V funds.

The FIMR program is a method for understanding health care systems and social problems that contribute to avoidable fetal and infant deaths in California and for identifying and taking steps to rectify the problems.

FIMR is designed to:

- examine factors that contribute to fetal, neonatal and post-neonatal deaths by establishing ongoing case review and community action teams;
- identify contributing factors to fetal/infant deaths;
- make recommendations that address the contributing factors; and
- mobilize the community to implement interventions that lead to system and community changes, which lead to the reduction of fetal/infant deaths.

FIMR is a community-based, action-oriented process that leads to improvement in health and social services for families. Through FIMR, the community becomes the expert and gains knowledge of the entire local service delivery system and community resources for women, infants and their families.

FIMR includes the following four components of a strong public health program:

1. **assessment** of fetal/infant deaths in local communities via data collection and analysis of case reviews which is done by; review of vital statistics, abstraction of medical/psychosocial records, family interviews, surveys of local community resources, and focus groups with community members to determine perceptions of the problem,
2. **program planning** by organizing community members to develop recommendations and a plan of action, based on the results of the assessment, to address the medical, social, environmental and other factors which lead to fetal and infant deaths,
3. **implementation** of primary, secondary and tertiary prevention interventions that do not concentrate on individual behavior change alone, but mobilize community members to look at systems changes and institutionalization of long-term policies; and
4. **evaluation** and monitoring of program outcomes such as the implementation and maintenance of local policies to increase access to health care.

PROGRAM REQUIREMENTS

Each agency receiving funds for FIMR must establish and operate a FIMR program according to MCH Branch guidelines.

Local FIMR programs will:

- examine contributing factors to fetal, neonatal, and postneonatal deaths,
- develop mechanisms to respond to identified needs, thereby helping to prevent similar occurrences, and
- distribute the findings to other programs, such as BIH, CPSP, SIDS, and to community groups concerned about reducing perinatal morbidity.

PROGRAM OBJECTIVES/ ELEMENTS

Each agency's FIMR program must include the following elements:

- FIMR Coordinator and associated skilled staffing,
- Local case review authority,
- Program protocols and procedures,
- Case Review Team,
- Community Action Team,
- Community involvement,
- Case-based recommendations and innovative interventions, and
- Standardized data collection and reporting.

Each agency must comply with the FIMR Scope of Work (SOW). This SOW includes the minimum required activities for the implementation of a FIMR program.

The agency will negotiate with the MCH Branch to determine the exact contents of the SOW.

FIMR Projects that have collected data for at least one fiscal year may reduce the number of cases to be reviewed during this MCH Allocation Plan and Budget term in order to further analyze collected data, make recommendations, and implement related interventions that address and identify recommendations.

Staff And Their Responsibilities

The FIMR program must have appropriately trained staff to perform functions as FIMR Coordinator, Records Abstractor, Parental Interviewer, and Data Manager. These roles may be combined or shared as staffing availability permits.

FIMR staff responsibilities include but are not limited to:

- obtaining local case review authority from the health officer or a local committee for the Protection of Human Subjects to conduct ongoing FIMR reviews;
- obtaining consent from the “Vital Statistics Advisory Commission,” Office of State Registrar, as needed;
- submitting annually to the MCH Branch a written copy of the local authority to conduct ongoing FIMR case reviews,
- developing and maintaining protocols and procedures for the review of cases according to State and national FIMR guidelines (Procedures, protocols and related data collection forms will be reviewed annually and modified as necessary. These procedures, protocols and data collection forms must be submitted with the annual progress report to the MCH Branch.);
- providing leadership and direction to the case review and community action teams;
- collecting, analyzing and submitting to MCH local data and progress report information, pursuant to MCH Branch guidelines;
- abstract information from various data sources and summarize the information for the case review teams;
- conduct parental interviews and summarize the information for the case review teams and
- distribute information to community agencies as vignettes, with recommendations for action, related to the findings of the case reviews.

Case Review Team (CRT)

The CRT will consist of medical and non-medical representatives and have culturally competent representation.

Members of the CRT should represent a broad range of professional organizations and public and private agencies. Such organizations and agencies could include health, welfare, education, advocacy and ones that provide services and resources for women, infants and families. Membership is modified as the at-risk populations and priorities for review change.

- The CRT reviews selected cases and identifies factors contributing to fetal and/or infant deaths.
- CRTs may serve as the Community Action Team (CAT) if membership and activities are appropriate. The establishment of combined teams is subject to MCH approval.
- CRTs that also serve as the CAT must be composed of a professionally and ethnically diverse membership that is representative of the community.
- If the CRT also serves as the CAT, the CRT recommends and implements changes that are designed to prevent future occurrence.

Community Action Team (CAT)

The CAT should reflect the needs and diversity of the community and include membership that can define and organize key community-based and systems changes that arise from case reviews. The Team may include, but not be limited to representatives from:

- Health professions,
- Social services agencies,
- Child health organizations,
- Community-based organizations,
- Political leadership groups,
- Faith community organizations,
- Neighborhood organizations,
- Educational organizations,
- Housing and tenants' rights organizations,
- Local businesses, and
- Parents who have lost an infant, etc.

The CATs shall have coordination or representation from related State and local programs serving women and children such as Sudden Infant Death Syndrome (SIDS), Women Infants & Children (WIC), and Black Infant Health (BIH).

Membership is to be modified appropriately as the at-risk populations and priorities for review change.

- The CAT will review the findings of the CRT and recommend and implement community and system changes that will assist in preventing future occurrences.
- Crossover representation between CRT members and CAT members is strongly encouraged. This allows for buy-in among the CAT members who not only translate the CRT findings into recommendations and actions but also participate in implementing interventions designed to address the identified problems.
- Communities with already functioning community coalitions/groups for which fetal/infant mortality issues are a priority may have these coalitions assume the role of the CAT, when appropriate. These community coalitions must collaborate closely with the CRTs.

Community Involvement

Racial and ethnic diversity among members of the CRTs and CATs, which reflect the community served, is essential to the teams' success. Diverse team composition promotes the development of findings and recommendations that accurately reflect the community's strengths as well as the need for improved services.

Diversity of professional representation on the teams is also very important. Teams that are broader in professional composition have much more to contribute to community improvement than does a more homogeneous group. The broader the representation on the team, the more relevant to the community the proposed interventions will be.

The local FIMR program is to involve community members in all aspects of the program including review of fetal/infant death cases, planning and implementation of interventions, and evaluation. Involvement of local community members is critical in order to:

- provide insights into the local determinants;
- elicit community concerns and desires; and
- assure that the local community will be vested in the process.

Documentation such as meeting sign-in sheets, and meeting minutes is to be kept on file. A description of community involvement is to be included in the progress reports.

Case-Based Recommendations and Innovative Interventions

FIMR programs identify systems and community issues that reduce or prevent similar cases resulting in fetal and/or infant death or disability. Based on these recommendations, actions are undertaken to address the gaps in service systems.

Activities may center on local factors or may address broad questions of system performance and public policy. Interventions should include, but not be limited to changes in:

- Public health and social policies;
- Health service delivery systems, networks and practices;
- Professional training and education;
- Community-based education; and
- Patterns of community knowledge, skills, lifestyle and norms.

FIMR programs are to develop and implement community interventions, which involve:

- Setting a community agenda;
- Changing community norms;
- Advocating for policy; and
- Changing health care systems.

Standardized Data Collection And Reporting

FIMR programs are required to report on activities in the Mid-Year and Annual Progress Reports. Refer to the Progress Report Requirement section in this Policies and Procedures, Reporting section, for details of reporting requirements.

The agency will submit to the MCH Branch a copy of the de-identified case review data and analysis results in the format specified for all FIMR programs. This data will be submitted with the Mid-Year Report due on January 31, and Annual Progress Report, due on July 31st.

Required Trainings\ Meetings

Attendance is required at semi-annual FIMR Coordinator meetings and at teleconferences as specified by the MCH Branch.

The MCH Branch may provide training and technical assistance to FIMR programs. Local FIMR programs are required to attend these trainings.

Adequate funding for training and meeting expenses, including travel expenses shall be built into the annual budget.

Agency:

Allocation Number:

FETAL INFANT MORTALITY REVIEW (FIMR) SCOPE OF WORK

The Agency must work toward achieving the following goals and accomplish the following objectives. This will be done by performing the specified activities and evaluating the results using the listed methods focusing on process and/or outcome.

Goal 1: Examine local contributing factors to fetal, neonatal, and postneonatal deaths, and develop and implement interventions responding to identified needs.

Timelines: All of the implementation activities identified in this Scope of Work are to be conducted within the term of this allocation's Fiscal year.

Objective 1

Conduct a community-based FIMR Program based on MCH Branch guidelines to:

- **examine contributing factors to fetal, neonatal, and post-neonatal deaths;**
- **develop recommendations to respond to identified needs; and**
- **implement ____ (number) interventions involving policy, systems, and community norm changes that will lead to the prevention of similar occurrences. (The number of interventions implemented is subject to MCH Branch approval.)**

Implementation Activities

1.1 Obtain current and ongoing local approval to conduct the FIMR program reviews.

Evaluation Process or Outcomes-

1.1 Submit local Health Officer authority letter with Annual Progress Report.

1.2 Develop policies and procedures, establish, facilitate, and maintain a case review and community action team, to review selected cases, identify factors contributing to fetal and infant deaths and recommend and implement changes that are designed to prevent further occurrence.

Evaluation Process or Outcomes-

1.2 Submit policies and procedures of case review and community action teams with Annual Progress Report. Refer to the MCH Policies and Procedures for a description of key activities and accomplishments towards maintaining the case review and community action teams; summarize accomplishments in the Mid-Year and Annual Progress Reports.

1.3 Complete the data collection; parental interview, when possible; review process; and analysis on up to ____ (number) appropriate cases identifying medical and non-medical factors. (Case number must be appropriately proportional to the total number of fetal/infant deaths and is subject to MCH Branch approval.)

Evaluation Process or Outcomes-

1.3 Complete the following forms for each case reviewed:

- “Case Review Summary Form”
- “Fetal-infant Mortality Issues Checklist”
- “Case Vignette”
- “FIMR Case Tracking Log”

Submit copies of all the above items along with a floppy disk containing all vignettes to the MCH Branch FIMR Coordinator when submitting Mid-Year and Annual Progress Reports.

- 1.4 Develop summary report of findings and recommendations that address the identified contributing factors leading to fetal/infant deaths; disseminate findings to community action team, local policymakers, the community at large, BIH, SIDS, and other local MCH programs through published reports, press releases, and presentations to increase public awareness of recurring factors causing fetal/infant deaths.

Evaluation Process or Outcomes-

1.4 In the Mid-Year and Annual Progress Reports, describe key activities and accomplishments. Submit the summary report with the Annual Progress Report. Documentation of disseminated findings to be kept on file.

- 1.5 Based on case findings, with community input, develop and implement objectives, interventions, timelines and evaluation components for identified recommendations which address systems, community norm and public policy changes.

Evaluation Process or Outcomes-

1.5 In the Mid-Year and Annual Progress Reports, describe key activities and accomplishments. Submit the objectives, interventions and evaluation plan for the identified recommendations with the Annual Progress Report. Describe how community input was obtained and incorporated.

ADDITIONAL MCH PROGRAMS

Many additional programs, services and contractors are associated with the MCH Branch and provide direct and indirect support to local health jurisdictions.

Fact Sheets for the following programs and contracts are in the appendix.

MCH Program

- Advance Practice Nurse Training (APN)
- Battered Women Shelter Program (BWS)
- California Diabetes and Pregnancy Programs (CDAPP)
- Childhood Injury Prevention Program (CIPP)
- Comprehensive Perinatal Services Program (CPSP)
- Oral Health
- Regional Perinatal Programs of California (RPPC)
- School Health Connections (SHC)
- Sudden Infant Death Syndrome Program (SIDS)

MCH Contractors

- Family Health Outcomes Project (FHOP)
- Perinatal Dispatch Centers

PROGRAM NOTES

PROGRAM NOTES

FUNDING

FUNDING SOURCE

The MCH Program is supported by the following funding sources:

- Title V MCH Block Grant
- State General Funds
- Agency Funds
- Title XIX Medicaid Federal Financial Participation
- Cigarette and Tobacco Products Surtax Fund (Prop 99)
- Special Funds, e.g., funding received by the MCH Branch for special projects.

Procedure

Agency must submit a budget identifying the estimated percent of costs associated with each funding source (i.e. Title V, State General Funds, Agency General Funds, and Title XIX) described on the following pages.

FUNDING LEVEL AND AVAILABILITY

The MCH allocation table identifying, by Agency, federal Title V Block Grant, Prop 99 funds, and California State General Fund dollar amounts is provided in this Section.

Policy

MCH funding of projects is not intended to provide reimbursements for an Agency's total cost. MCH funds assist agencies in supporting activities, which promote the health of all mothers and children in California consistent with Federal MCH Block Grant. Agencies are expected to contribute toward the total cost of the program/project. Agencies should demonstrate funding contributions in the program budgets.

Every Agency is legally required to provide the full level of services outlined in their SOW regardless of the proportion of funding provided by the MCH Branch.

This MCH Allocation Plan and Budget may have been approved before ascertaining the availability of congressional appropriation and/or State Budget Act funds relative to the federal or State fiscal year addressed in this AFA approval. This may be done to avoid program and fiscal delays, which could occur if the MCH Allocation Plan and Budget were approved after appropriations were determined. Funding is allocated annually based on a fiscal year period pending and subject to availability of federal and State appropriation.

This MCH Allocation Plan and Budget is subject to any restrictions, limitations, or conditions enacted by the Congress and/or State legislature or any statute enacted by the Congress and/or State legislature or any court action which may affect the provisions, terms, or funding of this MCH Allocation Plan and Budget in any manner.

If the MCH Allocation Plan and Budget is deemed to be invalid, the MCH Branch will have no liability to pay any funds whatsoever to the Agency or to furnish any other considerations under this MCH Allocation Plan and Budget and the Agency will not be obligated to perform any provisions of this MCH Allocation Plan and Budget.

The MCH Branch has the option to void or revise the MCH Allocation Plan and Budget to reflect any reduction of funds with 30-days written notice.

MCH FEDERAL TITLE V BLOCK GRANT FUNDS

Policy

Title V Block Grant funds are used to reimburse MCH Program expenses incurred for activities consistent with the goals and purposes of the MCH Block Grant.

Pursuant to 42 USC, Section 704, the Agency cannot use these funds provided by this MCH Allocation Plan and Budget to:

- provide inpatient services;
- make cash payments to intended recipients of health services;
- purchase or improve land, purchase, construct or permanently improve any building or other facility;
- satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- provide financial assistance to any entity other than a public or non-profit private entity for research or training services;
- make payment for any item or service (other than an emergency item or service) furnished by:
 - a. an individual or entity during the period such individual or entity is excluded from participation in any other federally funded program, or
 - b. at the medical direction or on the prescription of a physician during the period when the physician is excluded from participation in any other federally funded program.

STATE GENERAL FUNDS

Policy

State General Funds are used to enhance and promote MCH programs in local jurisdictions.

Pursuant to Health and Safety Code SEC. 19, Section 123255, State General Funds are to be used to maximize the use of available matching federal funds claimable under Title XIX of the federal Social Security Act (42 U.S.C., Sec. 1396 et seq.)

AGENCY GENERAL FUNDS

Policy

Agencies are expected to contribute toward the total cost of operating the MCH program. The MCH Program Budget should demonstrate the inclusion of Agency Funds to enhance and promote MCH Programs in local jurisdictions.

Pursuant to Health and Safety Code, SEC. 19, Section 12355, Agency Funds are to be used to maximize the use of available matching federal funds claimable under Title XIX of the federal Social Security Act (42 U.S.C., Sec. 1396 et seq.)

MCH FEDERAL TITLE XIX FUNDS

Policy

The MCH Program Budget may include federal Title XIX funds matched, at either an Enhanced or Non-Enhanced rate (see Glossary for definition), with State and/or local Agency revenues. Federal funds are used to reimburse a percentage of expenses incurred for personnel and associated operating costs for matchable activities. These funds are only related to eligible and potentially eligible (see Glossary for definition) Medi-Cal women and children.

For further information see the FFP Guidelines later in this section.

CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND (PROPOSTION 99)

Policy

A portion of the Cigarette and Tobacco Products Surtax Funds (Prop 99) are allocated to the MCH Branch to reimburse MCH program expenses incurred for activities consistent with the goals and purposes of relative legislation. These funds may be used to match federal Title XIX funds..

The Budget Act of 1998 provided that unspent Prop 99 funds (rollover) from one fiscal year may be expended in succeeding fiscal years. AB 2780 SEC. 21 states: "Funds appropriated for this program for a fiscal year shall be available for expenditure without regard to fiscal year." Agencies are responsible for tracking all Prop 99 funds (including expenditures and rollover amounts).

SPECIAL FUNDS

Policy

Special funds are to be used to fund only special needs and projects. Requests for this funding must be submitted and approved annually by the MCH Branch. Special projects must be completed within the fiscal year in which the funds were received.

MAXIMUM AMOUNT PAYABLE

The State is liable only for actual costs attributed to the numbered line items identified on the Budget Summary Page that are related to the SOW. The maximum amount payable for any fiscal year cannot exceed the MCH Allocation Plan and Budget amount for that fiscal year. The Agency must meet all the objectives as specified in the SOW to receive the maximum amount payable under this MCH Allocation Plan and Budget.

REIMBURSEMENT LIMITATIONS

The MCH Branch will not reimburse the Agency for overtime or earned compensatory time off (CTO) at a rate greater than straight time.

The Agency may not claim reimbursement for any services that the Agency may claim for reimbursement under any other State, federal, Agency or other governmental entity contract or grant, any private contract or agreement, or from the Medi-Cal program.

The MCH Branch will not reimburse the Agency for any services provided under this MCH Allocation Plan and Budget, which are otherwise reimbursable by any third party payer(s). The Agency must fully exhaust its ability to receive third-party reimbursement. If the Agency receives any third-party reimbursement for services already reimbursed by the MCH Branch, the Agency must immediately remit that amount to the MCH Branch or offset the amount against future invoices.

Any subcontract funds expended prior to MCH Branch approval may not be reimbursable in the event the MCH Branch should subsequently disapprove the proposed subcontract.

TERMINATION

Either party may cancel with or without cause this MCH Allocation Plan and Budget. The MCH Branch will reimburse the Agency for MCH Branch determined appropriate costs incurred in the “good faith” performance of the MCH Allocation Plan and Budget up to the effective date of termination.

A 30-calendar day advance written notice of intent to cancel the MCH Allocation Plan and Budget must be provided to the other party. Notification must state the effective date of the termination.

Upon termination of this MCH Allocation Plan and Budget by either the MCH Branch or the Agency, the MCH Branch will have the right to hold the final payments for administrative, client, or other services for up to 90 calendar days to ensure that the Agency’s responsibilities under this MCH Allocation Plan and Budget have been fulfilled.

RECOVERY OF OVERPAYMENTS

Policy

The MCH Branch will recover overpayments to the Agency including, but not limited to, payments determined to be:

- in excess of allowable costs;
- in excess of expenditures that can be supported by required time-study documentation (i.e. Title XIX);
- in excess of the amounts usually charged by the Agency or any of its subcontractors;
- for services not documented in the records of the Agency or any of its subcontractors, or for services where the documentation of the Agency or any of its subcontractors justifies a lower level of payment;
- based upon false or incorrect invoices;
- for services deemed to have been excessive, medically unnecessary or inappropriate;

- for services arranged for or rendered by persons who did not meet the standards for participation in the project at the time the services were arranged for or provided;
- for services not covered by the project;
- for services already paid for the client, but not yet refunded, or for services already reimbursed by the MCH Branch or other coverage; or
- for services that should have been billed to other coverage, other programs, the Medi-Cal program, or any other entitlement program for which the client was eligible to receive payment for such services.

Procedure

The MCH Branch has two available avenues for the recovery of overpayments. Depending on the circumstances (determined on a case-by-case basis):

- the MCH Branch will notify the Department of Health Services' accounting section to establish an accounts receivable. The accounting section will notify the Agency of the accounts receivable via an invoice.
- the Agency will adjust subsequent invoices within the same fiscal period in which the overpayment was received.

PAYMENT WITHHOLDS

Policy

MCH may withhold up to 100% of any amount billed for services until the Agency complies with the provisions of the MCH Allocation Plan and Budget and any administrative and program policies, at which time the amount withheld will be released for payment to the Agency.

Procedure

MCH will determine Agency compliance with the provisions of the MCH Allocation Plan and Budget. MCH will notify the Agency in writing regarding non-compliance determinations. This notification includes:

- the reason for each withhold determination
- the percentage of withhold (if applicable)
- the effective date of the withhold
- the duration

The Agency will be afforded reasonable opportunity to discuss with the MCH Branch any action taken. Upon Agency compliance, MCH will release the amount withheld for payment to the Agency.

BENEFIT UNIFORMITY

MCH Branch reimbursement for vacation and/or paid leave accrual or usage for personnel is at rates not to exceed those allowed Agency employees as specified/detailed in Agency's Personnel Manuals. Records of paid leave earned and used must be maintained by the Agency in accordance with Generally Accepted Accounting - Principles.

Compensation for vacation, sick leave, and holidays are limited to that amount accrued within the MCH Allocation Plan and Budget term. Unused vacation, sick leave, and holidays earned during the MCH Allocation Plan and Budget term cannot be claimed as an allowable cost.

FRINGE BENEFITS

MCH allows reimbursement for fringe benefits. To be an allowable fringe benefit (see Glossary for definition), the cost must meet the following criteria:

- be necessary and reasonable for the performance of the MCH Allocation Plan and Budget
- be determined in accordance with Generally Accepted Accounting -Principles
- be consistent with policies that apply uniformity to all activities of the Agency
- be the actual cost

Fringe benefits do not include:

- compensation for personal services paid currently or accrued by the Agency for services of employees rendered during the term of this agreement which is identified as regular or normal salaries and wages, vacation, sick leave, holidays, jury duty and/or military leave
- director's and executive committee member's fees
- incentive or bonus pay
- relocation allowances
- hardship pay
- cost-of-living differentials

MCH AGENCY ALLOCATION TABLE								Fund Information			
Fiscal Year 2002-2003											
	MCH					Black Infant Health		Base Allocation (GF, Title V, PCG, Toll-Free)	(1) Title V Funds	(2) State General Funds	(3) Total Allocation
	Total Title V (Title V-Alloc)	FIMR (Title V)	(Alloc & FIMR)	(SGF-Alloc)	(Prop 99)	(Title V)	(SGF-Alloc)				
ALAMEDA	\$ 106,329	\$ 25,000	\$ 131,329	\$ 56,823	\$ 26,584	\$ 287,780	\$ 244,984	\$ 163,152	\$ 419,109	\$ 301,807	\$ 720,916
ALPINE	\$ 17,500		\$ 17,500	\$ 13,000	\$ 20,000			\$ 30,500	\$ 17,500	\$ 13,000	\$ 30,500
AMADOR	\$ 17,500		\$ 17,500	\$ 13,000	\$ 20,000			\$ 30,500	\$ 17,500	\$ 13,000	\$ 30,500
BUTTE	\$ 70,385		\$ 70,385	\$ 36,883	\$ 20,000			\$ 107,268	\$ 70,385	\$ 36,883	\$ 107,268
CALAVERAS	\$ 17,500		\$ 17,500	\$ 13,000	\$ 20,000			\$ 30,500	\$ 17,500	\$ 13,000	\$ 30,500
COLUSA	\$ 26,750		\$ 26,750	\$ 22,250	\$ 20,000			\$ 49,000	\$ 26,750	\$ 22,250	\$ 49,000
CONTRA COSTA	\$ 93,000	\$ 39,000	\$ 132,000	\$ 49,266	\$ 20,000	\$ 228,653	\$ 194,650	\$ 156,266	\$ 360,653	\$ 243,916	\$ 604,569
DEL NORTE	\$ 17,500		\$ 17,500	\$ 13,000	\$ 20,000			\$ 30,500	\$ 17,500	\$ 13,000	\$ 30,500
EL DORADO	\$ 72,000		\$ 72,000	\$ 28,897	\$ 20,000			\$ 100,897	\$ 72,000	\$ 28,897	\$ 100,897
FRESNO	\$ 56,819	\$ 39,500	\$ 96,319	\$ 110,723	\$ 20,000	\$ 216,322	\$ 184,153	\$ 167,542	\$ 312,641	\$ 294,876	\$ 607,517
GLENN	\$ 17,500	\$ 39,500	\$ 57,000	\$ 13,000	\$ 20,000			\$ 30,500	\$ 57,000	\$ 13,000	\$ 70,000
HUMBOLDT	\$ 70,829	\$ 27,000	\$ 97,829	\$ 24,012	\$ 20,000			\$ 94,841	\$ 97,829	\$ 24,012	\$ 121,841
IMPERIAL	\$ 60,773		\$ 60,773	\$ 14,837	\$ 20,000			\$ 75,610	\$ 60,773	\$ 14,837	\$ 75,610
INYO	\$ 15,877		\$ 15,877	\$ 11,807	\$ 20,000			\$ 27,684	\$ 15,877	\$ 11,807	\$ 27,684
KERN	\$ 84,385	\$ 39,500	\$ 123,885	\$ 59,761	\$ 20,000	\$ 213,565	\$ 181,806	\$ 144,146	\$ 337,450	\$ 241,567	\$ 579,017
KINGS	\$ 42,999		\$ 42,999	\$ 56,472	\$ 20,000			\$ 99,471	\$ 42,999	\$ 56,472	\$ 99,471
LAKE	\$ 70,800		\$ 70,800	\$ 21,301	\$ 20,000			\$ 92,101	\$ 70,800	\$ 21,301	\$ 92,101
LASSEN	\$ 17,500		\$ 17,500	\$ 13,000	\$ 20,000			\$ 30,500	\$ 17,500	\$ 13,000	\$ 30,500
LOS ANGELES	\$ 324,361	\$ 132,000	\$ 456,361	\$ 244,120	\$ 203,670	\$ 567,616	\$ 744,166	\$ 568,480	\$ 1,023,977	\$ 988,286	\$ 2,012,263
MADERA	\$ 69,586		\$ 69,586	\$ 26,888	\$ 20,000			\$ 96,474	\$ 69,586	\$ 26,888	\$ 96,474
MARIN	\$ 107,000		\$ 107,000	\$ 28,309	\$ 20,000			\$ 135,309	\$ 107,000	\$ 28,309	\$ 135,309
MARIPOSA	\$ 17,500		\$ 17,500	\$ 13,000	\$ 20,000			\$ 30,500	\$ 17,500	\$ 13,000	\$ 30,500
MENDOCINO	\$ 72,000		\$ 72,000	\$ 24,024	\$ 20,000			\$ 96,024	\$ 72,000	\$ 24,024	\$ 96,024
MERCED	\$ 62,527		\$ 62,527	\$ 30,976	\$ 20,000			\$ 93,503	\$ 62,527	\$ 30,976	\$ 93,503
MODOC	\$ 17,500		\$ 17,500	\$ 13,000	\$ 20,000			\$ 30,500	\$ 17,500	\$ 13,000	\$ 30,500
MONO	\$ 17,500		\$ 17,500	\$ 13,000	\$ 20,000			\$ 30,500	\$ 17,500	\$ 13,000	\$ 30,500
MONTEREY	\$ 96,634		\$ 96,634	\$ 48,108	\$ 20,000			\$ 144,742	\$ 96,634	\$ 48,108	\$ 144,742
NAPA	\$ 69,277		\$ 69,277	\$ 20,733	\$ 20,000			\$ 90,010	\$ 69,277	\$ 20,733	\$ 90,010
NEVADA	\$ 63,265		\$ 63,265	\$ 19,732	\$ 20,000			\$ 82,997	\$ 63,265	\$ 19,732	\$ 82,997
ORANGE	\$ 172,000		\$ 172,000	\$ 85,128	\$ 60,791			\$ 257,128	\$ 172,000	\$ 85,128	\$ 257,128
PLACER	\$ 72,000	\$ 27,000	\$ 99,000	\$ 29,270	\$ 20,000			\$ 101,270	\$ 99,000	\$ 29,270	\$ 128,270
PLUMAS	\$ 17,025		\$ 17,025	\$ 12,525	\$ 20,000			\$ 29,550	\$ 17,025	\$ 12,525	\$ 29,550
RIVERSIDE	\$ 107,000	\$ 39,500	\$ 146,500	\$ 60,269	\$ 29,852	\$ 229,188	\$ 195,106	\$ 167,269	\$ 375,688	\$ 255,375	\$ 631,063
SACRAMENTO	\$ 104,127	\$ 39,500	\$ 143,627	\$ 63,535	\$ 22,160	\$ 247,349	\$ 210,566	\$ 167,862	\$ 390,976	\$ 274,101	\$ 665,077
SAN BENITO	\$ 17,500		\$ 17,500	\$ 13,599	\$ 20,000			\$ 31,099	\$ 17,500	\$ 13,599	\$ 31,099
SAN BERNARDINO	\$ 107,000	\$ 25,000	\$ 132,000	\$ 66,460	\$ 36,253	\$ 259,441	\$ 220,860	\$ 173,460	\$ 391,441	\$ 287,320	\$ 678,761
SAN DIEGO	\$ 158,515	\$ 36,835	\$ 195,350	\$ 101,482	\$ 55,373	\$ 271,467	\$ 231,097	\$ 259,997	\$ 466,817	\$ 332,579	\$ 799,396
SAN FRANCISCO	\$ 91,867	\$ 39,500	\$ 131,367	\$ 66,244	\$ 20,000	\$ 259,388	\$ 220,815	\$ 158,111	\$ 390,755	\$ 287,059	\$ 677,814
SAN JOAQUIN	\$ 107,000	\$ 39,500	\$ 146,500	\$ 56,047	\$ 20,000	\$ 210,504	\$ 179,200	\$ 163,047	\$ 357,004	\$ 235,247	\$ 592,251
SAN LUIS OBISPO	\$ 105,247		\$ 105,247	\$ 28,305	\$ 20,000			\$ 133,552	\$ 105,247	\$ 28,305	\$ 133,552
SAN MATEO	\$ 107,000		\$ 107,000	\$ 45,599	\$ 20,000	\$ 206,087	\$ 175,440	\$ 152,599	\$ 313,087	\$ 221,039	\$ 534,126
SANTA BARBARA	\$ 107,000	\$ 39,500	\$ 146,500	\$ 46,789	\$ 20,000			\$ 153,789	\$ 146,500	\$ 46,789	\$ 193,289
SANTA CLARA	\$ 104,374	\$ 27,000	\$ 131,374	\$ 72,424	\$ 33,817	\$ 215,271	\$ 183,258	\$ 176,798	\$ 346,645	\$ 255,682	\$ 602,327
SANTA CRUZ	\$ 107,000		\$ 107,000	\$ 45,520	\$ 20,000			\$ 152,520	\$ 107,000	\$ 45,520	\$ 152,520
SHASTA	\$ 65,742		\$ 65,742	\$ 31,561	\$ 20,000			\$ 97,303	\$ 65,742	\$ 31,561	\$ 97,303
SIERRA	\$ 17,500		\$ 17,500	\$ 13,000	\$ 20,000			\$ 30,500	\$ 17,500	\$ 13,000	\$ 30,500
SISKIYOU	\$ 42,000		\$ 42,000	\$ 23,259	\$ 20,000			\$ 65,259	\$ 42,000	\$ 23,259	\$ 65,259
SOLANO	\$ 107,000	\$ 39,500	\$ 146,500	\$ 45,621	\$ 20,000	\$ 215,675	\$ 183,602	\$ 152,621	\$ 362,175	\$ 229,223	\$ 591,398
SONOMA	\$ 107,000	\$ 20,058	\$ 127,058	\$ 43,999	\$ 20,000			\$ 150,999	\$ 127,058	\$ 43,999	\$ 171,057
STANISLAUS	\$ 107,000		\$ 107,000	\$ 50,066	\$ 20,000			\$ 157,066	\$ 107,000	\$ 50,066	\$ 157,066
SUTTER	\$ 72,000		\$ 72,000	\$ 24,863	\$ 20,000			\$ 96,863	\$ 72,000	\$ 24,863	\$ 96,863
TEHAMA	\$ 69,213		\$ 69,213	\$ 25,686	\$ 20,000			\$ 94,899	\$ 69,213	\$ 25,686	\$ 94,899
TRINITY	\$ 17,500		\$ 17,500	\$ 13,000	\$ 20,000			\$ 30,500	\$ 17,500	\$ 13,000	\$ 30,500
TULARE	\$ 107,000		\$ 107,000	\$ 51,104	\$ 20,000			\$ 158,104	\$ 107,000	\$ 51,104	\$ 158,104
TULUMNE	\$ 57,000		\$ 57,000	\$ 28,203	\$ 20,000			\$ 85,203	\$ 57,000	\$ 28,203	\$ 85,203
VENTURA	\$ 72,000	\$ 25,000	\$ 97,000	\$ 51,327	\$ 20,000			\$ 123,327	\$ 72,000	\$ 51,327	\$ 123,327
YOLO	\$ 65,057	\$ 24,607	\$ 89,664	\$ 22,403	\$ 20,000			\$ 87,460	\$ 89,664	\$ 22,403	\$ 112,067
YUBA	\$ 66,191		\$ 66,191	\$ 17,766	\$ 20,000			\$ 83,957	\$ 66,191	\$ 17,766	\$ 83,957
BERKELEY, CITY OF	\$ 66,899		\$ 66,899	\$ 33,761	\$ 20,000		\$ 100,000	\$ 100,660	\$ 66,899	\$ 133,761	\$ 200,660
LONG BEACH, CITY OF	\$ 106,580		\$ 106,580	\$ 41,581	\$ 20,000	\$ 196,347	\$ 167,148	\$ 148,161	\$ 302,927	\$ 208,729	\$ 511,656
PASADENA, CITY OF	\$ 72,000		\$ 72,000	\$ 27,000	\$ 20,000	\$ 196,347	\$ 167,148	\$ 99,000	\$ 268,347	\$ 194,148	\$ 462,495
	\$4,495,433	\$ 764,000	\$ 5,259,433	\$2,390,318	\$1,528,500	\$ 4,021,000	\$3,783,999	\$6,899,750	\$9,255,433	\$6,174,317	\$15,429,750

FEDERAL FINANCIAL PARTICIPATION (FFP) GUIDELINES FOR MCH PROGRAMS

The MCH Branch, through the allocation, makes available to local jurisdictions partial reimbursement for administrative activities and selected associated expenses that encourage application to the Medi-Cal (federal Medicaid) program. This reimbursement is provided through matching Medicaid Title XIX funds and is called Federal Financial Participation (FFP). It applies to personnel employed directly by a FFP participating agency or subcontracted agency. Health Care Financing Administration (HCFA) regulations allow matching for administrative activities at a rate of 50 percent (non-enhanced) for the majority of expenses necessary for the efficient operation of the Medicaid program and at a rate of 75 percent (enhanced) for certain activities performed by Skilled Professional Medical Personnel (SPMP) and their direct clerical support.

The amount of FFP which may be claimed depends on the following factors and are discussed in detail in this Section of the Policies and Procedures:

- activities
- recipient population
- staff requirements
- documentation
- FFP Calculation

ACTIVITIES

Policy

For reimbursement calculation purposes, there are four classes of time study function codes. Each class is unique in its reimbursement formula and rate. For documentation purposes, there are 12 time study function codes. Each time study function code is a definable and unique set of activities performed by staff. Consequently, all activities and paid time off have been identified under the appropriate function codes, which is in the appropriate reimbursement class.

The four classes of time study function codes available to claim FFP in MCH Allocation Plans and Budgets are listed below. Under each class description is a list of the function codes.

1. Non-enhanced FFP rate function codes: Reimbursement for costs at the rate of 50 percent of salary, benefits, training, travel costs, and associated operating expenses. The non-enhanced FFP rate covers activities under the following function codes.
 - (1) Outreach
 - (4) Non-SPMP Intra/Interagency Collaboration and Coordination
 - (5) Program Specific Administration
 - (7) Non-SPMP Training
2. Enhanced FFP rate function codes: Possible reimbursement for costs at the rate of 75 percent of salary, benefits, training, travel, and possibly subcontract costs (see Budget Document Instructions Section for detailed information). The enhanced FFP rate covers activities under the following function codes:
 - (2) SPMP Administrative Medical Case Management
 - (3) SPMP Intra/Interagency Coordination, Collaboration and Administration
 - (6) SPMP Training
 - (8) SPMP Program Planning and Policy Development
 - (9) Quality Management by Skilled Professional Medical Personnel

3. Non-matchable rate function codes: No reimbursement permissible through federal match. These are function codes whose activities and services the federal government either does not finance or reimburse, or finances through grants or reimburses via another payment methodology such as Medi-Cal fee-for-service billing, Title V, etc. The non-matchable activities/services are under the following function code.
 - (11) Other Activities
4. Apportioned FFP rate function codes: Reimbursement for costs, which are prorated according to the ratio of time, recorded under the above classes. The apportioned FFP covers activities under the following function codes:
 - (10) Non-Program Specific General Administration, and
 - (12) Paid Time Off

The manner of allocating these two function codes is different. Non-program specific general administration (function code #10) is prorated between matchable and non-matchable function codes. The portion allocated as matchable may only be matched at the non-enhanced rate (50 percent). Paid time off (function code #12) is also prorated but HCFA permits the matchable amount to be proportionately distributed between the enhanced (75 percent) and non-enhanced (50 percent) rate.

OVERTIME/ COMPENSATING TIME-OFF (CTO)

Record overtime and/or earned CTO under the Function Code appropriate to the activities being performed. Time spent doing the following activities associated with each function is considered time spent doing the function:

- performance of necessary paperwork,
- travel, and
- supervision including the supervision of skilled professional medical personnel (SPMP) staff by SPMP supervisors

FUNCTION #1

OUTREACH

This function is to be used by all staff when performing activities that inform Medi-Cal eligible or potentially eligible individuals, as well as other clients, about health services covered by Medi-Cal and how to access the health programs. Activities include a combination of oral and written informing methods, which describe the range of services available through the Medi-Cal program and the benefits of preventive or remedial health care offered by the Medi-Cal program.

Examples of administrative activities, which are included in the outreach function, are:

1. Inform individuals, agencies and community groups about health programs using oral and written methods.
2. Develop and provide program materials to individuals and their families, community agencies and health care providers.
3. Inform and assist clients and their families to access program services.
4. Design and carry out strategies that inform high-risk children and their families of health programs that will benefit them.
5. Develop and implement a system for ensuring that clients obtain needed preventive and health services by providing information on accessing transportation and assistance with scheduling of appointments.

FUNCTION #2

SPMP ADMINISTRATIVE MEDICAL CASE MANAGEMENT

This function is to be used only by skilled professional medical personnel when participating in medical reviews; assessing the necessity for and types of medical care associated with medical case management and case coordination activities required by individual Medi-Cal beneficiaries.

Examples of activities, which are included in this function, are:

1. Review the results of health assessments, medical and dental examinations and evaluations needed to coordinate and facilitate the client's care. This activity is not conducted as part of a standard medical examination or consultation and is not a direct service.
2. Assess and review for determining medical eligibility, medical necessity and sources for services required correcting or ameliorating health conditions identified by a medical or dental provider.
3. Provide consultation to professional staff in other agencies about specific medical conditions identified within their client population.
4. Identify eligible, covered medically necessary services required to achieve the goals of the treatment plan and ensure that linkages are made with other providers of care.
5. Provide follow-up contact to assess the client's progress in meeting treatment goals.
6. Participate in case conferences or multi-disciplinary teams to review client needs and treatment plans.
7. Interpret medical guidelines, the results of health assessments, and medical and dental evaluations, to an individual, a provider or professional staff of another agency.
8. Provide consultation, separate from a standard medical examination, to clients to assist them in understanding and identifying health problems or conditions and in recognizing the value of preventative and remedial health care as it relates to their medical conditions.
9. Provide technical assistance on clinical protocols, health assessments, and medical and dental benefits.
10. Consult on client-specific appeals relating to medical care issues including expert witness services.
11. Complete paperwork directly associated with any of the above activities.
12. Travel time directly associated with the performance of any of the above activities.

FUNCTION #3

SPMP INTRA/INTERAGENCY COORDINATION, COLLABORATION AND ADMINISTRATION

This function is to be used only by skilled professional medical personnel when performing collaborative activities that involve planning and resource development with other agencies, which will improve the cost effectiveness of the health care delivery system and improve availability of medical services.

Examples of activities, which are included in this function, are:

1. Provide technical assistance to other agencies/programs that interface with the medical care needs of clients.
2. Participate in provider meetings and workshops on issues of client health assessment, preventive health services and medical care and treatment.
3. Develop medical and dental referral resources such as referral directories, round tables and advisory groups.
4. Assist in health care planning and resource development with other agencies, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.
5. Assess the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

FUNCTION #4

NON-SPMP INTRA/INTERAGENCY COLLABORATION AND COORDINATION

This function is to be used by non-SPMP staff when performing activities that are related to program planning functions, including collaborative and intra/interagency coordination activities.

Examples of activities, which are included in this function, are:

1. Provide technical assistance and program monitoring to other agencies/programs that interface with Medi-Cal program requirements.
2. Assist in health care planning and resource development with other agencies, which will improve the access, quality and cost effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.
3. Assess the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

FUNCTION #5

PROGRAM SPECIFIC ADMINISTRATION

This function is to be used by all staff when performing activities that are related to program specific administration which are identifiable and directly charged to the program.

Examples of activities, which are included in this function, are:

1. Develop and implement program administrative policies and fiscal procedures in compliance with Medi-Cal program requirements.
2. Participate in the development, maintenance and analysis of program management information servicing the Medi-Cal population.
3. Participate in the distribution of Medi-Cal program specific information including procedural manuals and brochures.
4. Prepare responses to appeals on non-medical program issues.
5. Provide general supervision of staff, including supervision of interns and students.
6. Develop budgets and monitor program expenditures.
7. Review of technical literature and research articles.
8. Draft, analyze, and/or review reports, documents, correspondence and legislation.
9. Direct recruitment, selection and the hiring process; perform employee evaluations.

FUNCTION #6

SPMP TRAINING

This function is to be used only when training is provided for or by skilled professional medical personnel and only when the training activities directly relate to the SPMPs performance of specifically allowable SPMP administrative activities.

Examples of activities, which are included in this function, are:

1. Training related to the skilled professional medical professionals' performance of allowable administrative activities to include utilization review of medical services, program planning and policy development, SPMP administrative medical case management, intra/interagency and provider coordination, and quality management.
2. Completing paperwork directly associated with the above activities.
3. Travel time directly associated with the performance of the above activities.

FUNCTION #7

NON-SPMP TRAINING

This function is to be used by all staff when training relates to non-SPMP allowable administrative activities and to the medical care of clients.

Examples of activities, which are included in this function, are:

1. Training related to the performance of administrative activities to include Medi-Cal outreach, non-emergency, non-medical transportation, and Medi-Cal eligibility.
2. Joint orientation and on-going in-service training.
3. Professional training and technical assistance, which improves the quality of health assessment, preventive health, services and care.
4. Training which improves the medical knowledge and skill level of skilled professional medical staff providing Medi-Cal services.
5. Completing paperwork directly associated with the above activities.
6. Travel time directly associated with the performance of the above activities.

FUNCTION #8

SPMP PROGRAM PLANNING AND POLICY DEVELOPMENT

This function is to be used only by skilled professional medical personnel and only when performing program planning and policy development activities. The SPMPs tasks must officially involve program planning and policy development, and those tasks must be identified in the employee's position description/duty statement.

Examples of activities, which are included in this function, are:

1. Participate in the development of program direction and annual scope of work, program budget, set goals, objectives, activities, and evaluation tools to measure Medi-Cal program outcomes.
2. Participate in the development of Medi-Cal program standards and procedures for coordinating health-related programs and services.
3. Provide consultation and technical assistance in the design, development and review of health related professional educational material.
4. Provide technical assistance on practitioner protocols, including the development of uniform policy and procedures on the care and treatment of Medi-Cal clients.
5. Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessment, treatment and care.
6. Provide ongoing liaison with Medi-Cal providers around issues of treatment, health assessment, preventive health services and medical care, program policy and regulations.
7. Identify, recruit, and provide technical assistance and support to new Medi-Cal providers.
8. Develop round tables, advisory or work groups of other skilled professional medical personnel to provide Medi-Cal program consultation.
9. Participate in the planning, implementation, and evaluation of services that relate to the Medi-Cal programs.
10. Participate in program workshops and meetings relating to the scope of Medi-Cal program benefits and changes in program management.
11. Participate in the development and review of Medi-Cal health-related regulations, policies and procedures such as scopes of work, Memoranda of Understanding and other related Medi-Cal health care services, and other health care service standards for total quality management.

FUNCTION #9

QUALITY MANAGEMENT BY SKILLED PROFESSIONAL MEDICAL PERSONNEL

This function is to be used only by skilled professional medical personnel and only when performing quality management activities such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols.

Examples of activities, which are included in this function, are:

1. Conduct periodic review of protocols.
2. Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and re-authorization process.
3. Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation and appropriate intervention.
4. Schedule, coordinate, and conduct quality assurance activities; evaluate compliance with program standards; and monitor the clinical effectiveness of programs, including Medi-Cal client satisfaction surveys.
5. Evaluate the need for new modalities of medical treatment and care.
6. Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessment, preventive health services and medical care, and respond to appeals on medical quality of care issues.
7. Complete paperwork directly associated with the above activities.
8. Travel time directly associated with the performance of the above activities.

FUNCTION #10

NON-PROGRAM SPECIFIC GENERAL ADMINISTRATION

This function is to be used by all staff when performing non-program specific administrative activities that relate to multiple functions or to no specific, identifiable functions due to the general nature of the activities. It is also to be used to record any break time as well as time that may become overtime or earned compensatory or certified time off.

Examples of activities, which are included in this function, are:

1. Review departmental or unit procedures and rules.
2. Develop and implement program administrative policies and fiscal procedures.
3. Participate in the design, development and review of health related professional educational material.
4. Attend non-program related staff meetings.
5. Provide general supervision of staff, including supervision of interns and students.
6. Develop and provide health promotion activities for agency employees.
7. Provide and attend non-program specific in-service orientations and other staff development activities.
8. Develop budgets and monitor program expenditures.
9. Review of technical literature and research articles.
10. Provide general clerical support.
11. Draft, analyze, and/or review reports, documents, correspondence and legislation.
12. Direct recruitment, selection and the hiring process; perform employee evaluations.

FUNCTION # 11

OTHER ACTIVITIES

This function is to be used by all staff to record time performing activities, which are not specific to the administration of the Medi-Cal program.

Examples of activities, which are included in this function, are:

1. Outreach activities that inform individuals about non-Medi-Cal health programs financed by other federal and State programs.
2. Program planning and policy development activities of non-Medi-Cal programs financed by other federal and State programs.
3. Develop funding proposals, which do not benefit the Medi-Cal population.
4. Coordinate or participate in research activities, which do not benefit the Medi-Cal population.
5. Write grants for federal funding for services/activities that do not benefit the Medi-Cal population.
6. Participation in health promotion activities for agency employees.
7. Provide client-specific, health related services which can be billed as fee-for-service to Medi-Cal, including Targeted Case Management; another State program; private insurance; the client; or, the county health department.
8. Activities otherwise funded through the Medi-Cal Program.

FUNCTION #12

PAID TIME OFF

This function is to be used by all staff to record usage of paid leave, holiday, vacation, sick leave and so on. Do not record on the time study, lunchtime, dock time, absent without pay, or compensatory/certified time off (CTO). CTO shall be recorded under Function #10, Non-Program Specific General Administration, when it is earned.

MEDI-CAL FACTOR

Policy

FFP funds are intended to reimburse costs for time spent doing certain administrative activities that benefit the Medi-Cal eligible population exclusively. However, MCH activities are generally performed for both Medi-Cal and non-Medi-Cal populations. Therefore, it is necessary to use a factor to identify the Medi-Cal population. The Medi-Cal factor is an adjustment based on the composition (Medi-Cal versus non-Medi-Cal eligible) of the primary target population served by that program. There are two allowable methods for determining the Medi-Cal factor:

- 1) a population wide, publicly available, documented statistic, or
- 2) direct documentation of Medi-Cal beneficiary identification number.

The percentage of each staff person's time that is not eligible for match may be claimed with non-FFP funds such as Title V, unmatched state general funds, unmatched Prop 99 funds, or agency funds. The Medi-Cal factor is applied to all positions funded in whole or in part by Title XIX.

Procedure

The appropriate percentage of a person's time to be funded through matched funds is determined by the percentage of births funded by Medi-Cal, unless using actual beneficiary I.D. numbers. Information regarding the percentage of Medi-Cal funded births is provided by the MCH Branch. This applies to all MCH Programs whose target population is all women of child bearing age and children in the local jurisdiction. For other MCH programs, the agency must determine the percentage of Medi-Cal eligible clients in the target population. Statistics must be from the most recently issued, publicly available data sources unless directed otherwise by MCH. If no other data is available, or if the Agency chooses not to use alternate data, the California Health Summaries Data Report statistics may be used by all MCH Programs.

If an Agency chooses to use a Medi-Cal Factor higher than that calculated for your Agency, the higher factor must be justified on the Medi-Cal Factor Justification portion of the budget/invoice file. This information must be submitted to the MCH Branch with the budget and budget justification, as a part of the annual AFA, and with any subsequent budget revisions containing a change to any previously approved factor. Any proposed methodology of calculating the Medi-Cal discount must be derived from publicly available data and be submitted to MCH for approval.

STAFF REQUIREMENTS

Policy

An organizational chart(s), job specifications (see Glossary for definition) and duty statements are required as part of the Agency's annual AFA. The organization chart is used to determine the relationship/role of each position in the organization. The employee job specification will be used to evaluate the level of health care knowledge required for an SPMP position. The duty statement is used to document that the individual is performing duties eligible for matching funds. The duty statement must reflect those activities as they are listed in the FFP function codes.

ENHANCED FUNDING REQUIREMENTS

Policy

The level and percentage of matching is dependent upon the following:

- the employer-employee relationship with the primary contracting agency,
- the health related professional qualifications of individual staff,
- the specific activities each staff perform, and
- the proportion of their target population which are Medi-Cal beneficiaries.

It is very important that the Agency revise any staff documentation materials when changes occur. All claiming documentation, whether out of date or still valid, must be kept by the Agency through the documentation retention period. See Other Administration Section - Audits and Evaluations for detailed information.

The enhanced federal matching rate (75%) is only available to a governmental entity that contracts directly with the MCH Branch or a Subcontractor of a governmental agency that is also a governmental entity. The enhanced federal matching rate can be claimed for salaries, benefits, travel, and training of SPMP and their directly supporting clerical staff who are in an employee-employer relationship with the governmental Agency and are involved in activities that are necessary for proper and efficient Medi-Cal administration.

For reimbursement at the 75 percent rate, SPMP staff costs must meet all the following conditions:

- time spent performing those duties must require SPMP knowledge and skills,
- the job specifications must require an SPMP, and
- activities must fall within function codes; #2, #3, #6, #8 and #9.

Directly supporting clerical staff costs may be matched at the 75 percent rate when performance of those clerical job responsibilities directly supports SPMP staff (Part 432.2, 42 CFR) to the extent of enhanced activities. For claiming to be allowable at the enhanced rate, the clerical staff must be directly supervised by a SPMP, as shown on an organizational chart, and must:

- be secretarial, stenographic, copy, file, or record clerks providing direct support to the skilled professional medical personnel, and
- provide clerical services directly necessary for carrying out the professional medical responsibilities and function codes of the skilled professional medical personnel. (Documentation must exist, such as a job description, which states that the services provided for the SPMP are directly related and necessary to the execution of the SPMP responsibilities).

Expenditures for the actual provision of medical services by SPMP do not qualify for reimbursement via Medi-Cal administrative claiming as medical services are paid for in the fee-for-services system.

Enhanced activities must be performed by Skilled Professional Medical Personnel (SPMP) and support staff.

Time studies must be completed at least quarterly for ANY personnel funded in whole or in part with federal Title XIX funds.

Agency personnel must complete a time study worksheet identifying ALL activities performed, whether for MCH or other programs, for at minimum period of one month in each quarter.) In the event that time off is taken during the time study month, a time study worksheet encompassing a minimum of activities for a two-week period may be acceptable. (Please contact your Contract Manager for further details.) Values from the time study worksheet summary can be inserted into the FFP Calculation File to calculate actual percentages of time.

PROFESSIONAL CLASSIFICATION

Policy

The Agency has the responsibility to substantiate claiming based on SPMP status. The Agency's job class specification must stipulate that the incumbent be from one of the below classifications and the program duty statement must reflect enhanced and non-enhanced activities.

- SPMP per the Title 42, Code of Federal Regulations (CFR), Chapter IV, and the Federal Register;
- Physician;
- Registered Nurse;
- Physician Assistant;
- Dentist;
- Dental Hygienist;
- Nutritionist - with a Bachelor of Science (B.S.) degree in Nutrition or Dietetics and eligible to be registered with the Commission of Dietetics Registration (R.D.);
- Medical Social Worker - with a Master's Degree in Social Work (MSW) with a specialty in a medical setting;
- Health Educator - with a Master's degree in Public or Community Health Education and graduation from an institution accredited by the American Public Health Association or the Council on Education for Public Health; and
- Licensed Vocational Nurse - with graduation from a two-year program;
- SPMP per the U.S. Department of Health and Human Services Departmental Appeal Board decisions;
- Licensed Clinical Psychologist - with a Ph.D. in psychology;
- SPMP per State Department of Health Services policy:
 - a. Licensed Audiologist - certified by the American Speech and Hearing Association;
 - b. Licensed Physical Therapist;
 - c. Licensed Occupational Therapist - registered by the National Registry of American Occupational Therapy Association;
 - d. Licensed Speech Pathologist; and
 - e. Licensed Marriage, Family, and Child Counselors.

PROFESSIONAL EDUCATION AND TRAINING

Policy

SPMP are required to have education and training at a professional level in the field of medical care or appropriate medical practice before FFP can be claimed at 75 percent. "Education and training at professional level" means the completion of a two-year or longer program leading to an academic degree or certificate in a medically related profession. Completion of a program may be demonstrated by possession of a medical license, or certificate issued by a recognized national or state medical licenser or certifying organization, or a degree in a medical field issued by a college or university certified by a professional medical organization. Experience in the administration, direction, or implementation of the Medicaid program will not be considered the equivalent of professional training in a field of medical care.

SPMP includes only professionals in the field of medical care. SPMP does not include non-medical health professionals, such as public administrators, medical budget directors, analysts, lobbyists, or senior managers of public assistance or Medicaid programs.

Procedure

Complete the SPMP questionnaires (located in this Section) to determine the SPMP/non-SPMP status of employees. As part of the Agency's claiming documentation file, SPMP questionnaires should be kept on file at the Agency through the documentation retention period.

The questionnaire need be administered only once, although periodic repetition may help the Agency to identify changes in staff education and composition, and may therefore yield a higher SPMP ratio in the staff.

The questionnaire and instructions for completion are located in this Section of these Policies and Procedures. Please photocopy as needed.

NON-ENHANCED FUNDING REQUIREMENTS

Policy

Non-enhanced federal matching rate (50%) can be claimed for any of the Agency's staff who are involved in activities that are necessary for proper and efficient Medi-Cal administration. The governmental status of the Agency or subcontracted agency and/or the employee-employer relationship of an Agency are not eligibility criteria in claiming for the non-enhanced federal matching rate. This includes claiming for SPMP staff and their directly supporting clerical staff performing related non-enhanced activities and all staff of non-governmental entities, which contract with the Agency.

DOCUMENTATION

Policy

The following types of documentation must be part of your time study/FFP audit file:

- organization chart(s),
- job specification for each SPMP position,
- position duty statement for each employee,
- training log, agenda/brochure of training, and registration receipt,
- correspondence related to MCH FFP policies,
- daily logs, appointment books, or calendars and meeting agendas and minutes which support the coded activities on time studies,
- working papers used to calculate/develop quarterly invoices,
- SPMP questionnaire for claiming status, and
- signed quarterly time studies.

Documentation of staff time, for those staff who receive FFP, is accomplished through the use of time-studies. All staff claiming FFP must complete a time-study.

The time study must:

- utilize the function codes as specified and defined in the FFP Guidelines for MCH Programs.
- delineate activities performed under function codes by each program.
- be completed during the same period, (first, middle, or last month) of each calendar quarter and encompass an entire month, unless a waiver has been granted by Centers for Medicare and Medicaid Services (CMS)(formerly HCFA).

- account for all time, each work day, in the period being studied. It must also clearly differentiate the time spent in each function code for each program.
- Be signed and dated by the employee and the immediate supervisor of the employee under declarations of accuracy and compliance with MCH FFP requirements. These original time study forms must be retained.

Any variance from the above must be discussed with the Agency's Program Consultant or Contract Manager.

Each position identified on the MCH Allocation Plan and Budget must be shown on an organization chart. Employee job specifications and duty statements must be kept on file. In addition to the time study forms, supplemental documentation is required to support the information recorded on the time study forms. All FFP supportive claiming materials must be kept for a minimum of three years from the date of the last paid invoice or final audit report, whichever is latest.

Unmatched Activities

Certain activities, such as tobacco cessation or tobacco use prevention, including childcare and transportation are not allowable activities under FFP. These services are important in assisting women with tobacco cessation and should be provided with unmatched funds provided as part of the allocation. Other activities may qualify for FFP if they comply with FFP guidelines and are provided by appropriate personnel. Please refer to FFP guidelines.

Activities not eligible for FFP matched funding include the following:

- health education services related to individual and group interventions, such as classes or individualized strategies to decrease or prevent behaviors related to smoking and exposure to secondhand smoke;
- direct counseling to a client or group to decrease high risk behaviors;
- public health nursing services related to the direct provision of clinical health services, such as: patient care, pregnancy testing, nutrition counseling, labor and delivery classes (which are usually covered in CPSP or other medical sources); and
- Tobacco and substance abuse relapse prevention and maintenance programs.

Agencies are required to report on Outreach activities in the Mid-Year and Annual Progress Report. Refer to the Progress Report Requirements section in these Policies and Procedures for details of reporting requirements.

FFP CALCULATION

The mathematics associated with calculating the pro-ratio and distribution of time into enhanced/non-enhanced/non-matchable/non-claimable categories are complex. The MCH Branch has incorporated these calculations on an FFP calculation file, a sample of which is located at the end of this Section. ALL AGENCIES ARE REQUIRED TO USE THIS FILE IN ORDER TO CLAIM FFP FUNDS THROUGH TITLE XIX. Please contact your Contract Manager if you do not have an FFP Calculation file. If an Agency wishes to use an alternate time calculation/distribution method, a request must be made in writing, describing the alternative method along with full explanation of methodology used and proof of outcomes consistent with the MCH Branch FFP Calculation File

MISCELLANEOUS

Policy

Non-personnel expenses (capital expenditures, indirect costs and other costs) may be funded through non-enhanced match up to the combined percentages claimed for enhanced and non-enhanced personnel expenses on the budget.

Expenses specifically ineligible for reimbursement through FFP include incentives, direct client services eligible for reimbursement via Medi-Cal fee-for-service or managed care contracts, client services counted as a Targeted Case Management (TCM) encounter and child care.

SPMP Questionnaire

DATE:

TO:

FROM:

RE: SKILLED PROFESSIONAL MEDICAL PERSONNEL
QUESTIONNAIRE FOR CLAIMING STATUS

To determine whether you qualify as Skilled Professional Medical Personnel for claims being made for Medi-Cal administration, please complete the following form and return it to the person indicated above no later than _____ as this is very important for our funding. Thank you.

Name _____

Department _____

Position Classification _____

1.A Does this position require that it be filled with one of the classifications listed in the FFP Guidelines, Fiscal Section of these Policies and Procedures

1.B Are you a physician licensed to practice medicine in the State of California? _____

If **YES**, provide license number (_____), sign this form and turn it in.
If **NO**, proceed to Question 2.

2. Have you completed an educational program in a health or health-related field? _____

If **YES**, list the highest academic degree you received in a health or health-related field, the subject in which it was received, and the name of the college/university where it was earned, and proceed to Question 3.

_____ Academic Degree Field

_____ College/University

If **NO**, stop, sign this form and turn it in.

3. Did your educational program last at least two years? _____

If **YES**, proceed to Question 4.
If **NO**, stop, sign this form and turn it in.

4. Did your educational program lead to a California licensure in a medically-related profession?

If **YES**, provide license type and number, and sign this form and turn it in.

License Type

License Number

If **NO**, proceed to Question 5.

5. Did your educational program lead to certification or registration by a health or health-related national or California certifying organization? _____

If **YES**, please provide certification/registration type and number (if appropriate), the name of the certifying organization, and sign this form and turn it in.

Certificate/Registration Type

Cert./Reg. Number

Certifying/Registry Organization

If **NO**, proceed to Question 6.

6. Did part of your educational program involve medical or health-related training including fieldwork (for example, in the area of health, mental health, or substance abuse)? _____

If **YES**, describe the training/fieldwork and sign the form and turn it in.
If **NO**, proceed to Question 7.

7. As a part of your educational program, did you take any courses, which had a medical or health-related focus (for example, about health, mental health or substance abuse)? _____

If **YES**, list these courses below and sign this form and turn it in.

If **NO**, sign this form and turn it in.

Signature

Date

SPMP QUESTIONNAIRE INSTRUCTIONS

The following instructions are to be used when completing the SPMP Questionnaire:

Item	Information to Enter
Date	Enter the date that this SPMP Questionnaire is being completed.
TO	Address the Questionnaire to the Agency MCH Director.
FROM	Enter the name of the person forwarding the Questionnaire to the MCH Director.
Name	Enter the name of the staff for which the Questionnaire is being completed.
Department	Enter the name of the Department staff for which the Questionnaire is being completed.
Position Classification	Provide the position classification name for the staff for which the Questionnaire is being completed.
1.A	Ensure that the Agency Job Specification for the position this staff occupies, requires it be filled with one of the classifications listed in the FFP Guidelines, Fiscal Section.
1.B	Answer YES or NO. If the answer is YES, sign and date the Questionnaire and forward it to the Agency MCH Director. If the answer is NO, proceed to Question 2.
2.	Answer YES or NO. If the answer is YES, list the highest academic degree received in a health or health related field, subject in which it was received and name of college or university where it was earned. Proceed to Question 3. If the answer is NO, sign and date the Questionnaire and forward it to the Agency MCH Director.
3.	Answer YES or NO. If the answer is YES, proceed to Question 4. If the answer is NO, sign and date the Questionnaire and forward it to the Agency MCH Director.
4.	Answer YES or NO. If the answer is YES, list the license type and number. Sign and date the Questionnaire and forward it to the Agency MCH Director. If the answer is NO, proceed to question 5.
5.	Answer YES or NO. If the answer is YES, list certification/registration type and number (if appropriate), name of the certifying organization. Sign and date the Questionnaire and forward it to the Agency MCH Director. If the answer is NO, proceed to Question 6.
6.	Answer YES or NO. If the answer the YES, briefly describe the training/fieldwork, sign and date the Questionnaire and forward to the Agency MCH Director. If the answer is NO, proceed to Question 7.
7.	Answer YES or NO. If the answer is Yes, list appropriate courses. Sign the Questionnaire and forward it the Agency MCH Director. If the answer is NO, sign and date the Questionnaire and forward it to the Agency MCH Director.

You meet the SPMP eligibility requirements if your position requires that it be filled from one of the listed classifications in the FFP Guidelines, Fiscal Section and if you answered:

- **YES** to Question 1A and
- **YES** to Question 1B, or
- **YES** to Questions 2, 3, and 4, or
- **YES** to Questions 2, 3, and 5.

You do not meet the SPMP eligibility requirements if you answered:

- **NO** to either Questions 2, 3, **OR** 7.

Respondents who complete either Question 6 or 7 must be evaluated on a case-by-case basis depending on the nature and extent of the health-related training received in their education program. Contact your Program Consultant or your Contract Manager for assistance.

Time-Study Data Report for Summary of FFP (v2.03)

0	:Last	Time Study Period:	0
0	:First	Classification:	0
0	:Budget Line #	Agency:	0

The following percentages have been generated for each program this person performs activities in. These percentages should be used on the invoice for this quarterly invoice period.

Percentage Model for Distribution of Staff Time

Program	Not Matchable	Non-Enhanced	Enhanced	Total
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
"Program"	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

This information is to be used by agencies to determine the percentage of staff salary that is billable to MCH Programs. It is to be used by agencies that do not maintain a daily record of program time.

Staff Time Distribution by Program

Program	% of time per/Program	Program Medi-Cal Factors
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
"Program"	#DIV/0!	0.00%
Total	#DIV/0!	

Monthly Data Entry for Summary of FFP Time Study Information (v2.03)

0		Time Study Period	0
0		Classification:	0
		Agency:	0

Enter time-study information below.

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Allocated Functions

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
10							0.00
12							0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00

"Program"

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
1							0.00
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7							0.00
8							0.00
9							0.00
11							0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00

"Program"

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
1							0.00
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7							0.00
8							0.00
9							0.00
11							0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Maternal and Child Health
Federal Financial Participation
Staff FFP Calculation Program (version 2.03)**

1	Time Study Period:		Bud Line #	
2	Last Name:		First Name:	
3	Classification:			
4	Agency:		SPMP(Y/N):	

5 Please type in the letter designation for the program name that correspondes to each letter.

Program A:	"Program"
Program B:	"Program"
Program C:	"Program"
Program D:	"Program"
Program E:	"Program"
Program F:	"Program"

Program G:	"Program"
Program H:	"Program"
Program I:	"Program"
Program J:	"Program"
Program K:	"Program"
Program L:	"Program"

6 Please indicate the Medi-Cal Factor for each MCH program identified above. (".##")

"Program"	
"Program"	
"Program"	
"Program"	
"Program"	
"Program"	

"Program"	
"Program"	
"Program"	
"Program"	
"Program"	
"Program"	

BUDGET DOCUMENTS

GENERAL

The electronic media provided by the MCH Branch contain the Budget Summary Page and Detail Worksheets in Windows Excel Version 7.0 format. The file used **MUST** be completed and included with your AFA package. These documents are updated annually. Please ensure that the most current versions are utilized.

All Budget Summary Page and Detail Worksheet cells (i.e., boxes) that allow data entry are shaded in yellow. All other numbers are calculated by formulas embedded in the worksheet cells. To prevent accidental entries, these cells have been **password protected**. Any unauthorized change made to the original file format will require a resubmission by the Agency.

The Detail Worksheets were designed to accommodate four decimal places when distributing the line items percentages among the funding categories (i.e., .2154 = 21.54%).

The Detail Worksheets for Personnel, Operating Expenses and Other Costs accommodate dollars and cents (i.e., \$23,456.78) to eliminate most rounding errors. The totals are rounded to whole dollars when forwarded to the Budget Summary Page.

The letters and numbers in parentheses, which appear in the top row, denote column references (i.e., (A) and (3) refer to column A or column 3 on the spreadsheet). The Detail Worksheets have been designed so that as you scroll down and across the worksheet the column references will remain at the top of your screen.

The print command will automatically generate the Budget Summary Page and the two Detail Worksheets (a total of three pages).

Policy

Budget Documents are a component of the final approved MCH Allocation Plan and Budget.

Budget Documents include a fully completed Budget Justification, Detail Worksheets, and a Budget Summary Page consisting of the following five line items:

- Personnel
- Operating Expenses
- Capital Expenditures
- Other Costs
- Indirect Costs

Agency must submit the following completed budget documents with the MCH AFA:

- Medi-Cal Factor Justification (see FFP Guidelines Section)
- Budget Summary Page
- Detail Worksheets, and
- Budget Justification Narrative

BUDGET DOCUMENT INSTRUCTIONS

GENERAL

The Budget Documents form the basis for Agency payments and fiscal accountability for full compliance audits. All expenses shown on the Budget Documents must directly relate to the accomplishment of the goals, objectives, activities, timelines, and outcomes identified in the SOW. Submit separate Budget Documents in both hard copy and electronic media, for each MCH funded program. One file is used for both budgeting and invoicing purposes.

BUDGET SUMMARY PAGE

The Budget Summary Page is located on the budget tab of the budget/invoice file and contains the following five line items identifying estimated expenditures:

Personnel	The information for these three line items is automatically forwarded through the completion of the Detail Worksheets.
Operating Expenses	
Other Costs	
Capital Expenditures <i>Refer to Capital Expenditure and Inventory-Controlled Items Section of these Policies and Procedures for complete guidelines.</i>	The expenses for this line item must be entered on the J-Cap tab of the budget/invoice file. Up to five separate items can be entered. The total will automatically forward to the Budget Summary Page. The distribution of Capital Expenditures can be found in the % Personnel Match box located at the top right of the Budget Summary Page. Initial distribution of Capital Expenditures is provided by formulas located in unprotected cells. These calculations are based on % Personnel Matched. They can be changed or deleted as needed.
Indirect Costs	Funding source percentages for indirect costs are automatically forwarded from the Personnel Detail Worksheet. Indirect Costs are limited to a maximum of 10% of salaries without benefits.

The Budget Summary Page also contains a Fund Balance mechanism, which provides a convenient way to compare budgeted Title V, State General Funds, and Prop 99 funds to the fiscal year allocations. The Fund Reconciliation must be balanced to within \$50. No negative balances are allowed. Additionally, the Fund Reconciliation provides budgeted totals for Agency general funds and matching Title XIX funds.

<p>Total Title V <i>The Title V funds on the MCH Agency Allocation Table), located in the Funding Section, of these Policies and Procedures.</i></p> <p>Total State General Fund <i>The State General Funds on the MCH Agency Allocation Table), located in the Funding Section of these Policies and Procedures.</i></p> <p>Total Prop 99 Funds <i>The Total Prop 99 Funds on the MCH Allocation Table), located in the Funding Section of these Policies and Procedures</i></p>	<p>The Agency must enter the allocation totals for these three funding categories. The budgeted amounts and funding source balances are automatically calculated and forwarded from information entered on the Budget Summary Page and Detail Worksheets.</p>
Total Agency General Fund	<p>The budgeted amounts for these two funding sources are automatically calculated and forwarded from information entered on the Budget Summary Page and Detail Worksheets.</p>
Total Matching Title XIX	

Additionally, the Budget Summary Page contains certification statements, which must be signed and dated by both the MCH Director and the Agency's Fiscal Agent.

A sample of completed Budget Documents follows this section.

SPECIAL BUDGET INSTRUCTIONS

Prop 99 funds are incorporated within the Agency's unmatched and matched funding columns. MCH Branch no longer tracks Prop 99 rollover. It is the Agency's responsibility to account for all Prop 99 expenditures and rollover for audit purposes.

The FIMR Program is funded, in whole, by Title V and Agency unmatched funds. Therefore, please use ONLY unmatched Title V and Agency unmatched columns for expenses budgeted for this program. Do not use matching columns.

All other programs may utilize all combinations of funding sources; therefore there are no restrictions on which budget columns can be used.

Please note that funding for the BIH Program has not been incorporated into the MCH budget. A separate budget and budget justification is required for the BIH Program.

DETAIL WORKSHEETS

There are two Detail Worksheets titled as follows:

- Personnel Detail Worksheet
- Operating Expenses and Other Costs Detail Worksheet

The totals resulting from the completion of the Detail Worksheets will be automatically forwarded to the Budget Summary Page.

Personnel Detail Worksheet

- The total Personnel Costs' dollar amount forwarded to the Personnel line item on the Budget Summary Page is a result of all the information entered on this worksheet.
- Benefit rates are shown as a percentage of salaries and wages. One benefit rate for all staff may be entered on the Personnel Detail Worksheet in the benefit rate box provided. However, actual benefit costs may be used. For actual benefits, enter either Benefit Rate Per Staff or Actual Benefit Amount Per Staff on the J-Pers tab of the Budget/Invoice file.
- All MCH staff, regardless of the percentage of MCH time (unless included in indirect expense line items) or funding source support, must be included on the Personnel Detail Worksheet.
- List initials of staff in the column provided. Include job classification and program in the staffing column. Indicate if the position is vacant.
- Indicate the total annual salary for employees as if they were employed full time.
- Enter percent of FTE for each employee.
- Enter the negotiated Medi-Cal factor per staff on the Personnel Worksheet to the right of the Enhanced Funding column. On the J-Pers tab enter a V in the Variable Medi-Cal Factor column if the Medi-Cal factor varies per quarter. Leave the cell blank if the factor is fixed at the negotiated rate through the entire fiscal year.

- Anticipated salary increases must be included in the initial Detail Worksheet.
- A salary saving is not an allowable cost.
- An alternate method of determining matching rates for Travel costs may be used by identifying those specific individuals for whom travel is being charged. If this is the method of choice identify individual personnel by placing an “X” in the Staff Travel column (Column 17). The computer will automatically calculate matching percentages for Travel expenses based upon an average of the matching percentages listed on the Personnel Detail Worksheet for those individuals specifically identified.

Operating Expense and Other Costs Detail Worksheet

The total Operating Expenses dollar amount forwarded to the Operating Expenses line item on the Budget Summary Page is a result of all the information entered on this part of the worksheet.

The distribution of Operating Expenses should be consistent with the general distribution of personnel costs between matched and unmatched funding. The distribution of Personnel costs can be found in the % Personnel Match box located at the top right of the Budget Summary Page. Initial distribution of operating expense is provided by formulas located in unprotected cells. These calculations are based on % Personnel Matched. They can be changed or deleted as needed.

Travel and Training are the only operating expenses that can be matched at an Enhanced rate. Travel and training cannot be matched at a higher percentage than the respective matching percentages listed on the Personnel Detail Worksheet for those personnel for which travel or training is being claimed¹.

There are two methods that may be used for determining matching rates for travel costs:

- For non-employee specific costs the Enhanced and Non-Enhanced percentages listed in the respective Combined Federal/State and Combined Federal/Agency columns on the Personnel line of the Budget Summary Page¹ must be used.
- For employee specific costs, each individual for whom travel is being charged must be identified by an “X” in Column 17 of the Personnel Detail Worksheet. The computer will automatically calculate matching percentages for Travel expenses based upon an average of the matching percentages listed on the Personnel Detail Worksheet for those individuals specifically identified.

All matchable² operating activities are matched at the non-enhanced rate up to the % Personnel Match amount. The combined total in the Non-Enhanced Matching Combined Federal/State and Combined Federal/Agency cannot exceed the % listed in the % Personnel Matched box shown at the top of the Budget.

Please construct your Operating and Other Expense Detail Worksheet in accordance with the guidelines listed on the following page:

¹ Bill-down option – Agencies always have the option to budget/bill less than the allowable amount and apply the difference to the lower match options (Unmatched or Non-Enhanced).

² Please consult with your Contract Manager to determine the matchable expenses.

Travel	<p>Travel costs are for staff to attend conferences and training for related activities in the SOW. Out of state travel is allowed for agency leadership to travel to these selected MCH national conferences:</p> <ul style="list-style-type: none"> ➤ Annual meetings of the National Association of Maternal and Child Health Programs ➤ CDC's MCH Epidemiology Conference ➤ Annual City Match Conference ➤ APHA Annual Meeting <p>Travel to other national conferences will be on a case-by-case basis. Out of state travel expenditures must be identified in the budget and budget justification and must be negotiated with the MCH Branch.</p>
	Any Agency staff not funded with MCH Allocation Plan and Budget funds but who contribute a portion of their time to the MCH Program may qualify for travel expenses. However, prior MCH written approval must be obtained
	The State periodically establishes and adjusts travel rates and fees for State employees (for travel rates, refer to Short-Term Travel Reimbursement Information at the end of this Section). MCH cannot reimburse expenditures that exceed these ceilings without prior written approval.
	Written approval from MCH as well as any receipts required in the Short-Term Travel Reimbursement Information page found later in this Section must be retained by the Agency for audit purposes.
Training	Any Agency staff not funded with MCH Allocation Plan and Budget funds but who contribute a portion of their time to the MCH Program may qualify for training expenses. However, prior MCH written approval must be obtained.
	Training costs include items such as registration fees for related activities in the SOW.
	<p>Prior written approval to host training, seminars, workshops, or conferences must be obtained from the MCH Branch prior to the training or conference. Reimbursement for hosting training will not be reimbursed without prior authorization from the MCH Branch.</p> <p>Agencies requesting authorization to host trainings or seminars must:</p> <ol style="list-style-type: none"> 1) describe the proposed training or seminar in the Budget Justification Narrative 2) submit, to the Contract Manager, a written request not less than 60 days prior to the proposed training or seminar date(s) which includes: <ul style="list-style-type: none"> • the date of proposed training or seminar location • subject matter of the training or seminar draft of agenda • list of instructors • draft of instructional/educational materials • targeted audience • draft of publicity materials • total cost
Other Operating Expenses	<p>These include items such as space rental, office supplies, computer software, educational materials, duplication, postage and other operating costs.</p> <p>Enhanced funding is not allowable for Other Operating Expenses.</p>

Subcontracts	Subcontracts/consultant services are used only for activities directly related to the project. The use of a subcontractor or consultant must be clearly defined in the Budget Justification Narrative and specifically noted in the primary SOW. Subcontractors can match federal funds at the enhanced rate only if the subcontractor is performing enhanceable activities AND IS A GOVERNMENTAL AGENCY . If a subcontractor is matching at either the enhanced or nonenhanced rate, they are subject to the all guidelines stated in the Fiscal section (Federal Financial Participation Guidelines (FFP) for MCH Programs) of these Policies and Procedures
	Refer to the Subcontracts section of these Policies and Procedures for additional information regarding subcontracts/consultant services.
Other Costs	Includes but is not limited to, computers, audio, visual, and telecommunications items (including personal digital assistance PDA's) having a base unit cost of less than \$5,000; furniture having a base unit cost of more than \$500 and any additional items as requested by the Agency. should be included in the "Other Costs" line item.
	Also included are; services such as media campaigns, advertising, and un-reimbursed indirect expenses, etc.

The total Other Costs dollar amount forwarded to the Other Costs line item on the Budget Summary Page is a result of all the information entered on this part of the worksheet.

FUND RECONCILIATION

Fund Reconciliation is located on the Budget/Invoice file. Select the Fund Reconciliation tab located at the bottom of the file. This sheet contains automatic calculations reconciling the data located on the approved budget sheet with the data located on all four quarterly invoice sheets and the supplemental invoice sheet. The Fund Reconciliation is used to monitor funding expenditures.

MEDI-CAL FACTOR JUSTIFICATION

Medi-Cal Factor Justification is located on the Budget/Invoice file. Select the Personnel Justification tab at the bottom of the file (J-Pers). Personnel initials, classifications FTE, annual salary, Medi-Cal factor and variable factor are already identified. Enter Program Name, Data Source, and Explanation of Non-Standard Medi-Cal Data source for those staff claiming higher matching rate than the base Medi-Cal factor rate for the Agency.

BUDGET JUSTIFICATION NARRATIVE

The Budget Justification Narrative is a supporting explanation of each item listed on the Budget Summary Page and the Detail Worksheets. It must include all particulars necessary as specified by the MCH Branch for evaluating the necessity or desirability of each expenditure. It must also include specific information regarding all other listed expenditures. This portion of the Budget Document is used for management, monitoring and auditing purposes.

The Budget Justification Narrative is incorporated in the Budget/Invoice file. Justifications are entered on five tabs located at the bottom of the file (J-Pers, J-Oper, J-Capl, J-Other and J-Indirect). Please construct the Budget Justification Narrative in accordance with the following guidelines:

Personnel J-Pers tab	<p>List the following information for each staff :</p> <ul style="list-style-type: none"> • Actual Benefit Rate (optional, may use average benefit rate on budget Personnel Detail Worksheet) • Variable Medi-Cal factor, if applicable • Program name • Source data for Medi-Cal Factor • Explanation for data source for any Medi-Cal Factor other than base factor provided by the MCH Branch.
Operating Expenses J-Oper tab	<p>Line item titles and amounts automatically roll to this sheet from the Budget sheet. Provide explanations for the following expense categories:</p> <ul style="list-style-type: none"> • Travel – Enter reimbursement rates for the following: <ul style="list-style-type: none"> • Agency Mileage • Agency per diem rate (meals and incidentals) • Agency maximum lodging rate excluding taxes • Training - include a description of subject matter. • Other Operating Expenses - explanation for all other line items.
Capital Expenditures J-Capl tab	<p>Include an itemized list explanation for necessity and cost of each capital expenditure. The total cost of Capital Expenditures is automatically forwarded to the Budget Summary Page.</p>

TRAVEL REIMBURSEMENT

Travel Reimbursement Information Effective November 1, 1999

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract.
 - a. Reimbursement shall be at the rates established for nonrepresented/excluded state employees.
 - b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of special assignments.
 - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on page 2 of this exhibit to determine the reimbursement allowance. All lodging must be receipted. If contractor does not present receipts, lodging will not be reimbursed.

(1) Lodging (with receipts):

Travel Location / Area	Reimbursement Rate
Statewide Non-High Cost Area	\$ 84.00 plus tax
High Cost Areas including the following counties:	
Alameda, San Francisco, San Mateo, Santa Clara	\$140.00 plus tax
San Diego and Los Angeles (L.A.).	\$110.00 plus tax

Reimbursement for actual lodging expenses exceeding the above amounts may be allowed with the advance written approval of the Deputy Director of the Department of Health Service or his or her designee. Receipts are required.

- (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum.

Meal / Expense	Reimbursement Rate
Breakfast	\$ 6.00
Lunch	\$ 10.00
Dinner	\$ 18.00
Incidental	\$ 6.00

- d. Out-of-state travel may only be reimbursed if such travel has been stipulated in the contract and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors must have prior Departmental approval and a budgeted trip authority.
- e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on page 2 of this bulletin.
- f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.

2. If any of the reimbursement rates stated herein are changed by the Department of Personnel Administration, no formal contract amendment will be required to incorporate the new rates. However, DHS shall inform the contractor, in writing, of the revised travel reimbursement rates.
3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.
4. **Note on use of autos:** If a contractor uses his or her car for transportation, the rate of pay will be 34 cents maximum per mile. If the contractor is a person with a disability who must operate a motor vehicle on official state business and who can operate only specially equipped or modified vehicles may claim a rate of 34 cents per mile without certification and up to 37 cents per mile with certification. If a contractor uses his or her car "in lieu of" air fair, the air coach fair will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the state. Gasoline and routine automobile repair expenses are not reimbursable.
5. The contractor is required to furnish details surrounding each period of travel. Travel detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc.
6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

Travel Reimbursement Guide

Length of travel period	This condition exists...	Allowable Meal(s)
Less than 24 hours	Travel begins at 6:00 a.m. or earlier and continues until 9:00 a.m. or later.	Breakfast
Less than 24 hours	<ul style="list-style-type: none"> • Travel period ends at least one hour after the regularly scheduled workday ends, or • Travel period begins prior to or at 5:00 p.m. and continues beyond 7:00 p.m. 	Dinner
24 hours	Travel period is a full 24-hour period determined by the time that the travel period begins and ends.	Breakfast, lunch, and dinner
Last fractional part of more than 24 hours	Travel period is more than 24 hours and traveler returns at or after 8:00 a.m.	Breakfast
	Travel period is more than 24 hours and traveler returns at or after 2:00 p.m.	Lunch
	Travel period is more than 24 hours and traveler returns at or after 7:00 p.m.	Dinner

I. BUDGET SUMMARY PAGE		FY: 2002-03	
Budget Revision Number: Original			
MCH: Maternal and Child Health			
Program:		Agency:	
Allocation/Grant No.:		Title V Balance	
EXPENSE CATEGORY		Total Balance	
(I) PERSONNEL		% Reimbursed	
(II) OPERATING EXPENSES		Match MCF	
(III) CAPITAL EXPENDITURES		% Reimbursed	
(IV) OTHER COSTS		Total Balance	
(V) INDIRECT COSTS		% Reimbursed	
(10% MAX)		Total Balance	
TOTALS*		% Reimbursed	
Maximum Amount Payable from State and Federal resources:		% Reimbursed	
Total Title V		% of Budget	
Total State General Funds		Balances	
Total FY 02/03 Prop 99 Allocation		Budgeted	
Total Agency General Fund (Prior Year Prop 99 Rollover is Included in Agency General Fund)		Small City Project	
Total Matching Title XIX		Totals	
WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCH ADMINISTRATIVE AND PROGRAM POLICIES.			
MCH/PROJECT DIRECTOR'S SIGNATURE		DATE	
AGENCY FISCAL AGENT'S SIGNATURE		DATE	
* These amounts contain local revenue submitted for information and matching purposes. MCH does not reimburse Agency contributions.			
State Use Only			
PERSONNEL		MCH-TV	
OPERATING COSTS		MCH-GF	
CAPITAL EXPENDITURES		MCH-N	
OTHER COSTS		CNTY-N	
INDIRECT COSTS		CNTY-E	

1/9/2002

FY 02/03

[illegible]

I. PERSONNEL WORKSHEET

TOTAL PERSONNEL COSTS					
BENEFIT RATE					
ACTUAL BENEFITS TOTAL WAGES					
INITIALS	STAFFING	% FTE	ANNUAL SALARY		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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26					
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29					
30					
31					
32					

I. BUDGET SUMMARY PAGE		FY: 2002-03	
Budget Revision Number: Original			
Program: BIH Black Infant Health		<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Title V Balance</div> <div style="border: 1px solid black; padding: 2px;">SGF Balance</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Total Balance</div> <div style="border: 1px solid black; padding: 2px;">% Personnel Matched</div> </div> </div>	
Agency: Allocation/Grant No.:			
EXPENSE CATEGORY			
(I) PERSONNEL			
(II) OPERATING EXPENSES			
(III) CAPITAL EXPENDITURES			
(IV) OTHER COSTS			
(V) INDIRECT COSTS			
0% MAX			
TOTALS*			
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Total Title V</div> <div style="border: 1px solid black; padding: 2px;">Total State General Funds</div> <div style="border: 1px solid black; padding: 2px;">Total Agency General Fund</div> <div style="border: 1px solid black; padding: 2px;">Total Matching Title XIX</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">State Funding</div> <div style="border: 1px solid black; padding: 2px;">Budgeted</div> <div style="border: 1px solid black; padding: 2px;">Balances</div> <div style="border: 1px solid black; padding: 2px;">% of Budget</div> </div> </div>			
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<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Total Title V</div> <div style="border: 1px solid black; padding: 2px;">Total State General Funds</div> <div style="border: 1px solid black; padding: 2px;">Total Agency General Fund</div> <div style="border: 1px solid black; padding: 2px;">Total Matching Title XIX</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">State Funding</div> <div style="border: 1px solid black; padding: 2px;">Budgeted</div> <div style="border: 1px solid black; padding: 2px;">Balances</div> <div style="border: 1px solid black; padding: 2px;">% of Budget</div> </div> </div>			
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<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Total Title V</div> <div style="border: 1px solid black; padding: 2px;">Total State General Funds</div> <div style="border: 1px solid black; padding: 2px;">Total Agency General Fund</div> <div style="border: 1px solid black; padding: 2px;">Total Matching Title XIX</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">State Funding</div> <div style="border: 1px solid black; padding: 2px;">Budgeted</div> <div style="border: 1px solid black; padding: 2px;">Balances</div> <div style="border: 1px solid black; padding: 2px;">% of Budget</div> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Total Title V</div> <div style="border: 1px solid black; padding: 2px;">Total State General Funds</div> </div></div>			

BUDGET REVISIONS

Policy

- MCH allows changes to previously approved Budget Documents to more accurately reflect the expenditures incurred for activities performed.
- Budget Revision requests, by either the MCH Branch or the Agency, must be made in writing.
- All Budget Revisions require prior MCH Branch approval.

Procedure

- The Agency must submit a written request for a Budget Revision.
- MCH and Agency staffs negotiate the proposed changes.
- The MCH Contract Manager will respond in writing regarding the approval/denial of the proposed Budget Revision.

BUDGET REVISION INSTRUCTIONS

- A Budget Revision request must include the following documents:
 - cover letter which includes a detailed description of the proposed changes
 - revised Budget Summary Page (Budget tab)
 - revised Detail Worksheets (Budget tab)
 - revised Budget Justifications (J-Pers, J-Oper, J-Capl, J-Other, J-Indirect)
 - revised or additional duty statements (if applicable)
 - revised or additional job specifications (if applicable)
- Revised Budget Summary Page, Detail Worksheets, and Budget Justifications must be submitted in both hard copy and via electronic media.
- Budgets should be revised no more than twice a year.
- Budget Revision requests must be postmarked no later than **May 15** of the current fiscal year. **Please do not simultaneously submit Budget Revisions and affected invoices. Budget Revisions must be processed before MCH Accounting can process affected invoices.**
- **Submit an original and three copies of the Budget Revision requests to the following address:**
 - **Department of Health Services**
 - **Maternal and Child Health Branch**
 - **Operations Section**
 - **Attn: Contract Manager**
 - **714 P Street, Room 708**
 - **Sacramento, CA 95814**

INVOICES

Policy

MCH reimburses agencies for actual costs incurred in meeting the objectives as specified in the SOW not to exceed program amounts established under the approved MCH Allocation Plan and Budget line item budget. Expenses requiring prior written approval will be reimbursed only if approval has been granted.

Invoices claiming federal Title XIX funds must be based on quarterly time studies rather than approved Budget Documents, as the budget documents are only an estimate of expenditures. See Fiscal section (Funding, FFP Guidelines) for detailed information.

Invoices claiming federal Title XIX funds must be accompanied by the most current version of the FFP Calculation File “Time Study Data Report for Summary of FFP” for each staff claiming FFP. Staff not claiming FFP must still maintain a record of time billable to MCH.

Agency is responsible for Federal audit exceptions and must indemnify the State in the event any exceptions are found, such as services:

- which are not eligible,
- for which there is no proper FFP match, or
- for which Agency dollars are not expended to claim the FFP Payment of invoices by MCH **are not evidence of allowable MCH Allocation Plan and Budget costs. Allowable costs are determined by means of a State fiscal and program audit.**

Acceptable MCH and BIH invoices must take the form of:

- Quarterly, or
- Supplemental, if needed

Acceptable PROP 99 invoices must take the form of:

- Disbursement Request for your Agency's Prop 99 allocation following the MCH Branch approval of an MCH Budget containing a PROP 99 Allocation.
- Quarterly included on the MCH invoice,
- Supplemental, if needed, included on the MCH invoice.

Invoices, which contain a reimbursement request for Capital Expenditure or for inventory-controlled items from the Other Cost Detail Section of the Operating and Other Costs Detail Worksheet, must include an EXHIBIT A-1 listing the purchased items. Use a copy of the EXHIBIT A-1 located in the Other Administrative section (EXHIBIT A-1 Instructions) of these policies and procedures.

Procedure

- Within 45 calendar days after the close of your quarterly billing period, submit the following for each invoice:
 - cover letter,
 - invoice (in both hard copy and electronic file) and
 - “Time Study Data Report for Summary of FFP” for each staff claiming FFP
 - Exhibit A-1 if applicable

- Within 30 calendar days after receipt of the initial approved Allocation Plan and Budget, submit a Disbursement Request for Prop 99 allocation funds with a copy of the approval letter.
- Supplemental invoices may be postmarked up to 90 calendar days after the MCH Allocation Plan and Budget expires, terminates, or the fiscal year ends (whichever is earlier).
- The final invoice (which may be the 4th quarter or supplemental to any previously submitted invoice) must be postmarked no later than 90 calendar days after termination date, expiration date, or fiscal year end (whichever is earlier).
- MCH will review the invoice for correct format and available funds.
- MCH will return any invoice that cannot be processed within 15 days of receipt.
- MCH will process the acceptable invoice through the Department's accounting office and the State Controller for payment to the Agency.
- Please see Budget Document Instructions of these Policies and Procedures for detailed information on file capabilities and formatting.

INVOICE DOCUMENT INSTRUCTIONS

One Excel workbook contains tabs for the Budget, Budget Justifications, Four Quarterly Invoices and the Reconciliation Table. Each worksheet is linked and any data entered in the budget or invoices will automatically update other documents and the Reconciliation table.

Invoices will be returned unpaid if not submitted within the parameters below. Refer to the Sample Invoice Cover Letter and Sample Invoice at the end of this Section for content and formatting.

Submit an original and one copy (without any whiteout or correction tape) of the cover letter and invoice, on both hard copy and electronic file, following the guidelines below:

COVER LETTER	
The cover letter must:	be printed on official Agency letterhead.
	include the date the cover letter was prepared.
	include the Allocation Number as shown on your approval letter.
	indicate invoice number.
	indicate the total amount of the invoice.
	indicate inclusive dates for invoicing period.
	include original signatures.
INVOICE	
The invoice must:	include original signatures by the Agency's fiscal agent and MCH Director below the certification statements.
	include appropriate expenditures according to the MCH Allocation Plan and Budget.
	include allocation number as shown on your approval letter.
	be in the required format as provided on the current FY Invoice file.
	include an EXHIBIT A-1 listing the items if expenditures include Inventory-controlled items.
SUPPLEMENTAL INVOICES	
Supplemental Invoices must adhere to all the above parameters and must additionally:	be titled specifically "Supplemental Invoice".
	be numbered with a numeric code that identifies the original invoice being corrected, and an alpha numeric code that identifies the number of supplemental invoices for the original invoice period
	reflect the amount of only the supplemental billing. Do not indicate the original or adjusted amount of the previous invoice.

INVOICE SUMMARY PAGE

The Invoice Summary Page contains the following five line items identifying actual costs:

Personnel	The information for these three line items is automatically forwarded through the completion of the Detail Worksheets
Operating Expenses	
Other Costs	
Capital Expenditures (for items over \$5,000)	<p>The expenses for this line item must be entered directly on the Invoice Summary Page.</p> <p>Agency must also enter funding source percentages for Capital Expenditures.</p> <p>For State purchased equipment costing \$50,000 or more, display the full purchase price in this line item and display as a reduction to the "TOTAL EXPENDITURES" on the first invoice submitted subsequent to the receipt of the equipment. Contact your Contract Manager for complete instructions.</p>
Indirect Costs	Funding source percentages for indirect costs are automatically forwarded from Personnel Detail Worksheet. Indirect Costs are limited to a maximum of 10% of salaries without benefits.

SPECIAL INVOICE DOCUMENT INSTRUCTIONS

Prop 99 expenses are to be incorporated within the Agency Unmatched and Agency Matched funding columns

The FIMR Program is funded, in whole, by Title V and Agency local revenue unmatched funds. Therefore, please use ONLY appropriate unmatched columns for expenses claimed for this Program.

All other programs can utilize all combinations of funding sources; therefore there are no restrictions on which invoice columns can be used.

Please note that funding for the BIH Program has not been incorporated into the MCH budget. Therefore, MCH requires separate invoices for the BIH Program expenditures.

DETAIL WORKSHEETS

There are two Detail Worksheets titled as follows:

- Personnel Detail Worksheet
- Operating and Other Costs Expenses Detail Worksheet

The numbers resulting from the completion of the Detail Worksheets will be automatically forwarded to the Invoice Summary Page.

Personnel Detail Worksheet

The total Personnel Costs' dollar amount forwarded to the Personnel line item on the Invoice Summary Page is a result of all the information entered on this worksheet.

All personnel will be identified by their initials, job classification and the program they are associated with. For existing budgeted staff, this will be automatically inserted on the invoice from the Budget Personnel Detail Sheet. You must enter this information for staff not listed on the Budget Personnel Detail Worksheet.

Benefit rates can be shown as a percentage of salaries and wages. One benefit rate may be used for all staff by entering a benefit rate in the box provided. This will calculate the total benefit amount and proportionately spread the Total Benefits across the appropriate funding columns.

Actual benefit costs may be used by entering the actual benefit percent or benefit amount for each staff on the Personnel Detail Worksheet. The total benefits will be proportionately spread across the appropriate funding columns.

Enter total salaries, excluding benefits, for each staff shown on the invoice.

Enter funding spread in accordance with the Time Study Data Report for Summary of FFP. Use only funding sources columns originally budgeted for this position. (Refer to approved budget.)

Operating Expense And Other Costs Detail Worksheet

The total Operating Expenses' dollar amount forwarded to the Operating Expenses line item on the Invoice Summary Page is a result of all the information entered Operating Expense portion of this worksheet.

The distribution of Operating Expenses should be consistent with the general distribution of personnel costs between matched and unmatched funding. Initial distribution of operating expense is provided by formulas located in unprotected cells. The calculations are based on %Personnel Matched. They can be changed or deleted as needed.

The total Other Costs dollar amount forwarded to the Other Costs line item on the Invoice Summary Page is a result of all the information entered on this part of the worksheet.

Please refer to the Budget Document Instructions for information on the distribution of costs between matched and unmatched columns.

SAMPLE INVOICE COVER LETTER

(Use Agency's Official Letterhead)

Maternal and Child Health Branch
Operations Section
714 P Street, Room 708
Sacramento, CA 95814

MATERNAL AND CHILD HEALTH ALLOCATION NUMBER _____

Enclosed for payment is our invoice number _____ in the total amount of \$ _____ which covers the period of _____ through _____ (inclusive dates) for services rendered pursuant to the terms and conditions established in the above referenced MCH Allocation Plan and Budget.

Sincerely,

Original Signature, Title

I. INVOICE SUMMARY PAGE		FY: 2002-03													
Invoice No: 1		Inv. Period: July 1 through September 30													
Program: Maternal and Child Health		% Personnel Matched													
Agency: Allocation/Grant No.:															
		UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
		MCH-TV		MCH-GF		AGENCY		MCH-N		CNTY-N		MCH-E		CNTY-E	
		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		%	Federal Title V	%	State General Fund	%	Local *	%	Combined Fed/State	%	Combined Fed/Agency	%	Combined Fed/State	%	Combined Fed/Agency
EXPENSE CATEGORY		(1)													
(I) PERSONNEL															
(II) OPERATING EXPENSES															
(III) CAPITAL EXPENDITURES															
(IV) OTHER COSTS															
(V) INDIRECT COSTS															
(10% MAX)															
TOTALS*															

Use this total when requesting reimbursement for this invoice.
 This is the maximum amount payable from State and Federal sources.

AS THE MCH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

MCH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____

AGENCY'S FISCAL AGENT'S SIGNATURE _____ DATE _____

* These amounts contain local revenues submitted for information and matching purposes. MCH does not reimburse for Agency contributions.

State Use Only		MCH-TV		MCH-GF		MCH-N		CNTY-N		MCH-E		CNTY-E	
(I)	PERSONNEL												
(II)	OPERATING COSTS												
(III)	CAPITAL EXPENDITURES												
(IV)	OTHER COSTS												
(V)	INDIRECT COSTS												
Totals for PCA Codes **													

Maternal and Child Health Branch

Program: MCH Maternal and Child Health		UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
Agency: Allocation/Grant No.:	(1) TOTAL FUNDING	MCH-TV Federal Title V	MCH-GF State General Funds	AGENCY Local + Revenue	MCH-N Combined Fed/State	(8) %	(9) Combined Fed/State	(10) %	(11) Combined * Fed/Agency	MCH-E Combined Fed/State	(12) %	(13) Combined Fed/State	(14) %	(15) Combined * Fed/Agency	(16) MCF Per Staff	(17) MCF Per Staff	
EXPENSE CATEGORY	(1)	(2) %	(3)	(4) %	(5)	(6) %	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
II. OPERATING EXPENSES WORKSHEET																	
TOTAL OPERATING EXPENSES																	
TRAVEL																	
TRAINING																	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
IV. OTHER COSTS WORKSHEET																	
TOTAL OTHER COSTS																	
SUBCONTRACTS																	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
OTHER CHARGES																	
UNREIMBURSED INDIRECT																	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	

Maternal and Child Health Branch

Program: MCH Maternal and Child Health		UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)								
Agency: Allocation/Grant No.:		MCH-TV		MCH-GF		MCH-N		MCH-E		MCH-E		MCH-E						
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
TOTAL FUNDING		%	Federal Title V	%	State General Funds	%	Local + Revenue	%	Combined Fed/State	%	Combined Fed/Agency	%	Combined Fed/State	%	Combined Fed/Agency	MCH Fed Staff	MCH Fed Staff	
I. PERSONNEL WORKSHEET																		
TOTAL PERSONNEL COSTS																		
BENEFIT RATE																		
ACTUAL BENEFITS																		
TOTAL WAGES																		
INITIALS	STAFFING	% FTE	ANNUAL SALARY															
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
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30																		
31																		
32																		

I. INVOICE SUMMARY PAGE FY: 2002-03							
Invoice No: 1			Inv. Period: July 1 through September 30				
Program: Black Infant Health							
Agency: Allocation/Grant No.:							
EXPENSE CATEGORY							
(I) PERSONNEL	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local * Revenue
(II) OPERATING EXPENSES							
(III) CAPITAL EXPENDITURES							
(IV) OTHER COSTS							
(V) INDIRECT COSTS							
0% MAX)							
TOTALS*							
<div style="border: 1px solid black; padding: 5px;"> Use this total when requesting reimbursement for this invoice. This is the maximum amount payable from State and Federal sources. </div>							
AS THE MCH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCH ADMINISTRATIVE AND PROGRAM POLICIES.							
MCH/PROJECT DIRECTOR'S SIGNATURE _____				DATE _____			
AGENCY'S FISCAL AGENT'S SIGNATURE _____				DATE _____			
* These amounts contain local revenues submitted for information and matching purposes. MCH does not reimburse for Agency contributions.							

State Use Only	BIH-TV	BIH-GF	BIH-N	CNTY-N	BIH-E	CNTY-E
(I) PERSONNEL						
(II) OPERATING COSTS						
(III) CAPITAL EXPENDITURES						
(IV) OTHER COSTS						
(V) INDIRECT COSTS						

SAMPLE PROPOSITION 99 DISBURSEMENT REQUEST

Date:

(Contract Manager's Name)
Operations Section
Maternal and Child Health Branch
714 P Street, Room 708
Sacramento, CA 95814

Dear _____:

MATERNAL AND CHILD HEALTH (MCH) ALLOCATION #2002____
Proposition 99 PAYMENT DISBURSEMENT REQUEST

We hereby request the payment disbursement of \$ _____ of the fiscal year (FY) 2002/03 Proposition 99 funds, the amount authorized and approved by the State. A copy of our Allocation Approval Letter is enclosed.

If you have questions regarding this request, please contact me at _____.

Sincerely,

Name
Title

Enclosure

FUNDING NOTES

REPORTING

MID-YEAR REPORT REQUIREMENTS AND INSTRUCTIONS

REPORT PERIOD

The mid-year report is to summarize the activities towards completion of the objectives from July 1 through December 31 of the current fiscal year. Responses should be brief but provide enough information to clearly describe progress made toward completion of MCH allocation requirements. This mid-year report must be postmarked by January 31.

REQUIRED FORMS

The following forms are to be completed and included in all MCH Program mid-year reports. Make copies of these forms, as needed, or use reasonable facsimiles. The forms are available upon request in Microsoft Word® for Windows 6.0 only.

Write the Agency Name, Report Period, and Allocation Number in the spaces provided on the top right of all forms.

Form 1
Cover Sheet
Narrative Summary (2-5 pages, no form provided)

The entire mid-year report should not exceed a total of six pages, including the cover sheet (Form 1).

Submit **one original and three copies** of the mid-year report to the appropriate MCH Branch Contract Manager.

**Department of Health Services
Maternal and Child Health Branch
Operations Section
Attn: Name of Contract Manager
714 "P" Street, Room 708
Sacramento, CA 95814**

Questions regarding the completion of the progress report should be directed to your Program Consultant.

After the review by the program consultant, the MCH Contract Manager will respond in writing regarding the approval/denial of the Mid-Year Progress Report. The Program Consultant may also respond in a separate letter regarding the content of the Mid-Year Report.

INSTRUCTIONS FOR COMPLETING MID-YEAR REPORT

COVER SHEET

(Form 1):

Complete all required information as indicated on the form. Form 1 is the first page of the mid-year report

- A. Enter the name of the assigned MCH Branch Contract Manager for this allocation.
- B. Check all programs described in this report as appropriate.
- C. Check the space next to the reporting period(s) covered by this progress report, and enter the appropriate year.
- D. Enter the Allocation Number for the fiscal year of the reporting period . This is the year beginning in July, followed by the jurisdiction number, eg. 200201 for fiscal year beginning July 1, 2002 for Alameda County (01).
- E. Enter the official name of the Agency as it appears on the MCH Allocation Plan and Budget approval letter and the address. Indicate by checking the box provided if this is a new address. In the space provided, enter the local MCH toll free telephone number.
- F. Enter the name, title, telephone number, and fax of the person preparing this report. Indicate by checking the box provided if this is a new telephone number.
- G. Check the appropriate box if technical assistance is needed from either the Contract Manager or the Program Consultant. Identify the program and type of assistance requested in the space provided.
- H. The MCH Director is responsible for the Allocation and is to sign and date the cover sheet. This must be an original signature.**

NARRATIVE SUMMARY:

- The mid-year report narrative should be two to five pages in length.
- Organize the MCH mid-year report narrative with separate underlined subheadings for each respective program component (i.e., MCH, which includes outreach and perinatal services, Black Infant Health, Fetal-Infant Mortality Review, etc.)
- State any changes in the organization of the agency.
- Briefly discuss progress in meeting program objectives for each MCH program component.

**PROGRESS REPORT
COVER SHEET****(Form 1)**

Agency should duplicate this form
To prepare reports.

**SUBMIT ORIGINAL AND 3
COPIES (including all
attachments) TO:**

1. _____,
(CONTRACT MANAGER)
Maternal and Child Health Branch
714 P Street, Room 708
Sacramento, CA 95814

2. Check all programs
included in this report.

{ } MCH
{ } BIH
{ } FIMR
{ } Other

3. REPORT PERIOD

{ } JULY TO DECEMBER, 20____
(Mid-year report)

{ } JULY TO JUNE, 20____
(Annual report)

4. ALLOCATION NUMBER

5. AGENCY NAME AND ADDRESS

6. AGENCY REPRESENTATIVE PREPARING REPORT

NAME:

TITLE:

PHONE:

☐ Check if new Agency address or phone number

FAX:

MCH TOLL FREE PHONE #:

E-MAIL:

7. Technical Assistance is requested in the following areas:

☐ Program

☐ Fiscal

☐ None requested at this time

Briefly describe the type of technical assistance required and program.

CERTIFICATION BY MCH DIRECTOR:

DATE:

ANNUAL PROGRESS REPORT REQUIREMENTS AND INSTRUCTIONS

REPORT PERIOD

The annual report is to summarize the activities towards completion of the objectives for the entire fiscal year. Responses should be brief but provide enough information to clearly describe progress made toward completion of allocation requirements. This annual report must be postmarked by July 31 following the end of the applicable fiscal year.

Submit **one original and three copies** of the annual progress report and all attachments, to the appropriate MCH Branch Contract Manager.

Department of Health Services
Maternal and Child Health Branch
Operations Section
Attn: Name of Contract Manager
714 P Street, Room 708
Sacramento, CA 95814

REQUIRED FORMS

MCH

The following forms are to be completed and included in all MCH Program annual progress reports in the following order. Make copies of these forms, as needed, or use a reasonable facsimile. The forms are available upon request in Microsoft Word[®] for Windows 6.0 only.

Write the Agency Name, Report Period, and Allocation Number in the spaces provided on the top right of all forms.

Form 1	Cover Sheet
Form 3a	Scope of Work Progress Form
Form 4	MCH-Related Collaboratives
Form 5	Outreach and Care Coordination Report
Form 6	Toll-Free Telephone Report
Form 7	Annotation of Products Developed
Exhibit A2	Inventory/Disposition of DHS-Funded Equipment

BIH

The following forms are to be completed and submitted by all agencies with a **Black Infant Health (BIH) Program**:

Write the Agency Name, Report Period, and Allocation Number in the spaces provided on the top right of all forms.

Form 3b	BIH Scope of Work Progress Form
Form 4	MCH-Related Collaboratives (as appropriate)
Form 7	Annotation of Products Developed
Form 8	Committee Membership Form

FIMR

Write the Agency Name, Report Period, and Allocation Number in the spaces provided on the top right of all forms.

The following forms are to be completed and submitted by all agencies with a **Fetal-Infant Mortality Review (FIMR) Program**:

Form 3c	FIMR Scope of Work Progress Form
Form 4	MCH-Related Collaboratives (for meetings and collaborations other than the case review team, as appropriate)
Form 7	Annotation of Products Developed
Form 8	Committee Membership Form
Form 9	Fetal Infant Mortality Review (FIMR) Case Study

INSTRUCTIONS FOR COMPLETING ANNUAL PROGRESS REPORT

Assemble the annual progress report in the following order. Number all pages consecutively.

Cover Sheet (Form 1):

Complete all required information as indicated on the form. Form 1 is the first page of the annual report.

1. Enter the name of the assigned MCH Branch Contract Manager for this allocation.
2. Check all programs described in this report as appropriate.
3. Check the space next to the reporting period(s) covered by this progress report, and enter the appropriate year.
4. Enter the Allocation Number for the fiscal year of the reporting period.
5. Enter the official name of the Agency as it appears on the MCH Allocation Plan and Budget approval letter and the address. Indicate by checking the box provided if this is a new address. In the space provided, enter the local MCH toll free telephone number.
6. Enter the name, title, telephone number, and fax of the person preparing this report. Indicate by checking the box provided if this is a new telephone number.
7. Check the appropriate box if technical assistance is needed from either the Contract Manager or the Program Consultant. Identify the program and type of assistance requested in the space provided.
8. **The MCH Director is responsible for the Allocation and is to sign and date the cover sheet. This must be an original signature.**

Scope of Work Progress Form (Forms 3a-3c):

The format for this form is available on electronic media and includes the objectives and activities for the standard scopes of work for the MCH, BIH, and FIMR Programs.

Add additional local objectives and activities from the approved MCH scope of work. Objectives and activities should match the approved scopes of work (i.e., MCH, BIH, FIMR, etc.).

In order to complete Forms 3a-3c, refer to the program requirements for the fiscal year in the Program Section and reference progress in relation to MCH requirements for each program.

Local programs are to give priority to those activities/accomplishments that have resulted in a positive outcome in relation to improving perinatal care and/or health.

Local MCH programs are encouraged to include activities from each of the three core public health functions (assessment, policy development, assurance) as outlined in the Program Section.

This report should indicate accomplishments, barriers/challenges, and solutions as follows:

Accomplishments: Summarize any major accomplishments or highlights for the fiscal year. These should be significant outcomes in relation to the program scope of work. Examples of what are not considered major accomplishments include: writing the progress report, traveling long distances to meetings, hiring program staff, etc.

Barriers/Challenges: List and briefly discuss any challenges encountered during the report period.

Solutions to Barriers/Challenges: List how the identified barriers/ challenges were overcome or handled. If solutions are not evident or possible, discuss why this is the case. This information will assist MCH staff in providing technical assistance.

Additional information to be reported in the progress section has been identified for each respective program scope of work. Refer to the MCH, BIH and FIMR scope of work program forms in the Program Section.

MCH-Related Collaboratives (Form 4):

The purpose of this report is to have a uniform reporting mechanism to permit MCH to better understand and monitor the community involvement of MCH staff supported by the county allocation process. MCH sees community collaboration as a vital link in assuring appropriate services for women and children.

To complete this form, the MCH Director must determine which collaboratives most clearly accomplish one or more of the objectives identified in the community profile and action plan. Fill out a separate Form 4 for one or two of those collaboratives identified as essential in accomplishing MCH objectives. Each program within the allocation (PSC, BIH, FIMR) should submit collaborative forms.

If there are no collaboratives to report, explain why.

1. Description of the collaborative:

Name: The title of the group, for example: Child Abuse Council; Teen Pregnancy Prevention Task Force; Health Planning Council.

Type of membership (e.g. voluntary agencies, consumers, service providers, other): A brief description of the types of members included in that particular group.

Purpose of collaborative: A brief description of the purpose of the collaborative and how its purpose is related to the goals and objectives of the MCH program. **Frequency of meetings:** State how often the group met, for example: monthly, quarterly, or perhaps weekly for a short-term intensive workgroup.

2. Describe activities the group performed or accomplished this fiscal year which relate to the overall MCH Program. Primarily limit comments here to activities which demonstrate how MCH involvement has helped the collaborative to accomplish one or more of the objectives identified in the community profile and action plan; other details may be given as appropriate.

**Outreach and Care
Coordination Report
(Form 5):**

This form will facilitate a consistent and comparable data set that demonstrates progress in reaching the goals of the outreach program including specific activities as described in Health & Safety Code Sections 104560-104569.

1. Define the target population(s) and identify the methods used to select them. This includes age, race, ethnicity, geographic area or other determinant and how this population relates to the priorities of your Local MCH Plan. **This item is to be completed and submitted with the AFA in addition to the annual report.**
2. Describe the methods of outreach used for the target populations identified in number one. Compare this to the previous reporting year and comment on changes, if any. **This item is to be completed and submitted with the AFA in addition to the annual report.**

Estimate the total number of individuals who received information during community based activities, such as fairs, malls exhibits, and media for each target population.

- Women are to be counted when the information given was primarily targeted towards women's health care, such as prenatal care, resources for medical care coverage, substance use treatment programs, etc.
 - Children are to be counted if the information is primarily for children's health care, even if the information was given to the parent. This includes information such as resources for medical care coverage, immunization information, and child safety.
 - Compare these figures to the previous reporting year and comment on changes, if any.
3. Indicate the total number of clients served, excluding those who were served at community events and identified in item #3. Information should include only those individuals served on an individual, one-to-one basis.

Table 1: Age and Pregnancy Status:

Indicate the number and age range of pregnant and non-pregnant women served. Total for each year and carryover numbers from year-to-year as indicated. If there are significant changes from year-to-year, please discuss under Comment.

Table 2: Race/Ethnicity:

Indicate the race/ethnicity of the women outreached. Total for each year and carryover numbers from year-to-year as indicated. If there are significant changes from year-to-year, please discuss under Comment.

Table 3: Principal Payment Source for Healthcare:

Indicate the number of women served by their source of healthcare. If other payments sources are identified, specify the type in the "other" category. Total for each year and carryover numbers from year-to-year as indicated. If there are significant changes from year-to-year, please discuss under Comment.

Table 4: Substance Abuse:

Indicate the number of women served who were identified as using tobacco, alcohol, illicit drugs and/or other substances. If other substances are identified, specify the type in the “other” category.

Of those substance-using women, indicate how many were referred to treatment programs. The woman who both smokes and uses alcohol and/or drugs would be counted in all appropriate columns. Total for each year and carryover numbers from year-to-year as indicated. If there are significant changes from year-to-year, please discuss under Comment.

Table 5: Health Care for Children:

Indicate the number of infants, children and adolescents referred for enrollment in healthcare plans. Total for each year and carryover numbers from year-to-year as indicated. If there are significant changes from year-to-year, please discuss under Comment

Toll-Free Telephone Report (Form 6):

Means of disseminating toll-free telephone number in your agency:

Check all the appropriate box(es) next to the type of publicity and/or marketing interventions implemented to disseminate information regarding the local toll-free telephone line.

- **Directory listing/s:** Mark if the toll-free telephone number was advertised via the telephone book (e.g., paid advertisement in yellow pages, or bold listing in white pages), specific mailing lists, etc.
- **Handouts/pamphlets:** Mark if the toll-free telephone number was advertised through Agency handouts, pamphlets, brochures, flyers, bumper stickers, etc.
- **Incentives:** Mark if the toll-free telephone number was advertised through the dissemination of incentives such as t-shirts, water bottles, key chains, pens, pencils, etc.
- **Media:** Mark if the toll-free telephone number was advertised through the local newspaper (i.e., purchase of news print advertisement), local television or radio Public Service Announcement, local television or radio paid advertisements, etc. and list the type used.
- **Other:** Mark if the toll-free telephone number was advertised through a means other than those listed above. Specify the type of means used.

If calls to the toll free line were low or reduced, as compared to the last reporting period, briefly state what is seen as the principal cause and what interventions will be implemented to assure increased use.

Describe what activities were conducted to increase the awareness and use of the toll-free telephone line (e.g., a local radio campaign in Spanish was implemented, etc.). If a significant increase in use was noted, indicate possible reasons for the increase (e.g., distribution of telephone line flyer through local social services agency, etc.).

Annotation of Products Developed (Form 7):

Complete this form for each product developed, for all relevant Programs (MCH, BIH, FIMR, Injury Prevention, etc.), during the report period.

Only include material that has been developed with MCH Branch funds.

Title: Identify the title of the material, as appropriate.

Description/Ad Copy: Attach a final approved copy of the material developed with MCH Branch Allocation funds.

Format: Describe type of product (i.e., video, brochure, pamphlet, report, incentives, etc.).

Target Population: List the population that the material was designed to reach (e.g., Latino youth, pregnant monolingual Southeast Asian women, etc.).

Language: List in which language(s) the material is available.

Objective: State the purpose of the material and the intent of the message.

Date Produced: Provide the date the piece was produced.

Contact Person Name and Phone Number: State the contact person's name and telephone number.

Committee Membership Form (Form 8):

Form 8 is used for the BIH advisory committee, FIMR case review team, and the FIMR community action team, as appropriate. **Complete separate forms for each of these committees/teams.**

Describe the membership of the committees/teams. The completion of this form will provide the MCH Branch with information that will help to evaluate the effectiveness of the committees and will assist MCH Branch staff in providing technical assistance as appropriate to local committees. Additional copies of Form 8 should be made as necessary to list all members.

Check the appropriate box for the respective committee/team. For each member of each respective committee/team, include the following information:

Name of Agency: List the name of the agency/organization each member of the committee represents. If the member is a community volunteer and does not represent an agency/organization indicate "community volunteer" in the space provided.

Term Served: Identify the beginning and end dates of the term for which the member served on the committee for the fiscal year.

Occupation/Title: Identify the occupation and/or title of the member. If a volunteer, indicate this in the space provided.

Race/Ethnicity: Indicate the race/ethnicity of each member. The membership should be reflective of the community served. (This item is recommended but not required.)

Briefly summarize, in a few sentences, the experience and skills of the member as related to the committee. Explain why this person was selected to be a member of the committee.

**Exhibit HAS 1204:
Inventory/Disposition
of DHS Funded Equipment**

The information on Form HAS 1204 will be used by the Department of Health Services (DHS) Asset Management Unit to: (a) conduct an annual inventory of DHS equipment and property in the possession of the Contractor and/or Subcontractors; and (b) dispose of these same items. Report all Inventory-Controlled Items (see glossary for definition) purchased with DHS funds and used to conduct state business under this contract

The Agency is responsible for completing this form and submitting it to the DHS Contract Manager. The DHS Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to the DHS Asset Management Unit.

For more information regarding listing and tagging of equipment, please call your Contract Manager.

**FIMR Case Study
(Form 9):**

Complete and submit a case study for five cases reviewed during the fiscal year period. The five case studies should reflect those cases, which address the five top priorities, as identified by the community, during the fiscal year. Each case study is to include, at a minimum, the following components and should be no more than two pages in length.

1. **Information/Data Sources:** Indicate the type of data sources used to review the case (e.g., vital records, family interview, medical records, coroner records, law enforcement records, Child Protective Services, Emergency Medical Services records, case management/home visit records, etc.).
2. **Cause of Death (pursuant to ICD-10 Code):** Indicate the major cause of death and the ICD-10 Code(s), as identified on the death certificate, if available. If ICD-10 code is not consistent with findings after the review of the case, explain and document the cause of death determined by the review team under the Findings section.
3. **Type of Case:** Document the type of case (i.e., fetal, neonatal, post neonatal) reviewed.
4. **Case Summary:** Briefly and concisely summarize the findings obtained from the various data and information sources. Include all pertinent information relevant to the death of the fetus/infant such as but not limited to: issues related to fetal/infant death, maternal history, prenatal history, birth information, gestational age, birthweight, autopsy findings, socioeconomic factors, environmental factors, medical factors, family history, payment source(s) for health care, etc.
5. **Findings:** Summarize the conclusions made by the review team surrounding the death of the fetus/infant and the recommendations identified for future prevention according to the following recommendation categories: policy/advocacy, organizational practices, interagency linkages/services/networks, training and education, community-based education, strengthening individual knowledge and skills, and other.
6. **Actions to be taken:** Document the identified interventions and actions recommended by the case review/community action teams. Identify the persons/agencies to be responsible, a timeframe for the implementation of the interventions, foreseen barriers/challenges, and a plan for overcoming such barriers/challenges.

PROGRESS REPORT COVER SHEET

(Form 1)

Agency should duplicate this form
To prepare reports.

**SUBMIT ORIGINAL AND 3
COPIES (including all
attachments) TO:**

1. _____,
(CONTRACT MANAGER)
Maternal and Child Health Branch
714 P Street, Room 708
Sacramento, CA 95814

2. Check all programs
included in this report.

☐ MCH
☐ BIH
☐ FIMR
☐ Other

3. REPORT PERIOD

☐ JULY TO DECEMBER, 20____
(Mid-year report)

☐ JULY TO JUNE, 20____
(Annual report)

4. ALLOCATION NUMBER

5. AGENCY NAME AND ADDRESS

6. AGENCY REPRESENTATIVE PREPARING REPORT

NAME:

TITLE:

PHONE:

☐ Check if new Agency address or phone number

FAX:

MCH TOLL FREE PHONE #:

E-MAIL:

7. Technical Assistance is requested in the following areas:

☐ Program

☐ Fiscal

☐ None requested at this time

Briefly describe the type of technical assistance required and program.

CERTIFICATION BY MCH DIRECTOR:

DATE:

Instructions for MCH Scope of Work (SOW) Progress Form (Form 3a)

Objective(s) and Activity(ies)

Progress: Accomplishments/Barriers/Challenges/Solutions

Instructions for BIH Scope of Work (SOW) Progress Form (Form 3b)

Objective(s) and Activity(ies)

Progress: Accomplishments/Barriers/Challenges/Solutions

Instructions for FIMR Scope of Work (SOW) Progress Form (Form 3c)

Objective(s) and Activity(ies)

Progress: Accomplishments/Barriers/Challenges/Solutions

MCH-RELATED COLLABORATIVES (Form 4)

1. Description of the collaborative
 - a. Name:
 - b. Type of membership (e.g., voluntary agencies, consumers, service providers, other):
 - c. Purpose of the collaborative:
 - d. Frequency of meetings:
2. List activities the collaborative performed or accomplished this fiscal year, which relate to the overall MCH Program.

Outreach and Care Coordination Report (Form 5)

1. Define the target population and the methods used to select them:

2. Methods of outreach to target population(s):

3. Estimate of the total number of individuals who received information during community based activities (fairs, shopping malls, etc) for each target population:
 - a. Women: _____
 - b. Children: _____

4. Provide the following information in tabular form. Information in these tables is related to outreach services provided to individuals excluding those served at community events (see #3).
Of these individuals, please indicate the following:

Table 1: Number of Women Served on an Individual, One-To-One Basis, by Age and Pregnancy Status, 1999-2002

FY	Pregnant ≤ 17 yrs.	Pregnant ≥ 18 yrs.	Non-Pregnant ≤ 17 yrs	Non-Pregnant ≥ 18 yrs.	Total
2000-2001					
2001-2002					
2002-2003					

Comment:

Table 2: Number of Women Served on an Individual, One-To-One Basis, by Race/Ethnicity

Race/Ethnicity	FY 2000-2001	FY 2001-2002	FY 2002-2003
White			
Hispanic			
Black			
Asian			
Pacific Islanders			
American Indian			
Other			
Unknown/Missing Data			
Totals			

Note: Totals should agree with Table 1

Comment:

Table 3 Number of Women Served on an Individual, One-To-One Basis, by Health Care Payment Source

Health Care Payment Source	FY 2000-2001	FY 2001-2002	FY 2002-2003
Private Insurance/HMO			
Medi-Cal/Other Government			
AIM			
Other (Specify)			
Unknown/Missing Data			
Total			

Note: Totals should agree with Table 1

Comment:

Table 4: Number of Identified Substance Using Women (Self-Report or Other), Referred to Services

FY	Tobacco		Alcohol/ Illicit Drug		Other		Total	
	Identified	Referred	Identified	Referred	Identified	Referred	Identified	Referred
2000-2001								
2001-2002								
2002-2003								

Comment:

Table 5: Number of Infants, Children and Adolescents Referred for Enrollment in:

FY	Medi-Cal/Other govt.	CHDP	Healthy Families	Other (Specify)	Total
2000-2001					
2001-2002					
2002-2003					

Comment:

Toll Free Telephone Report (Form 6)

1. Means of disseminating toll free telephone number in your agency:
(please check all that apply)

Directory listing/s:

- ☐ Handouts/pamphlets:
- ☐ Incentives:
- ☐ Media (list type):
- ☐ Other (describe):

2. If calls to the toll-free line are low, or reduced as compared to the last reporting period, briefly state what is seen as the principal cause and what interventions will be implemented to assure increased use. If a significant increase indicate possible reasons.

ANNOTATION OF PRODUCTS DEVELOPED FORM (Form 7)

1. Title:
2. Description/Ad Copy (Attach a final approved publication paid for entirely by MCH Branch Allocation Funds):
3. Format:
4. Target Population:
5. Language:
6. Objective:
7. Date Produced:
8. Contact Person Name and Phone Number:

This form is to be completed and attached to all new publications at the time of submission to the MCH Branch for approval.

Committee Membership Form (Form 8)

Describe the membership of the Black Infant Health (BIH) Advisory Committee, Fetal Infant Mortality Review (FIMR) case review team, and the FIMR community action team. Complete separate forms for each committee/team. For each member of each respective committee/team, complete the following information below: name of agency, date of term served during the fiscal year, occupation/title, race/ethnicity and a summary of experience/skills. The membership should be reflective of the community served. Make additional copies of this form as needed.

Please check one:

- ☐ BIH Advisory Committee
- ☐ FIMR Case Review Team
- ☐ FIMR Community Action Team

Name of Agency		Term served	
Occupation/Title			
Race/Ethnicity			
Briefly summarize the experience of member as related to the Committee/Team. Identify the reason(s) why this person is a member.			

Name of Agency		Term served	
Occupation/Title			
Race/Ethnicity			
Briefly summarize the experience of member as related to the Committee/Team. Identify the reason(s) why this person is a member.			

Name of Agency		Term served	
Occupation/Title			
Race/Ethnicity			
Briefly summarize the experience of member as related to the Committee/Team. Identify the reason(s) why this person is a member.			

Name of Agency		Term served	
Occupation/Title			
Race/Ethnicity			
Briefly summarize the experience of member as related to the Committee/Team. Identify the reason(s) why this person is a member.			

Fetal Infant Mortality Review Case Study (Form 9)

Information/Data Sources:

Cause of Death (pursuant to ICD-10 Code):

Type of Case (i.e., fetal, neonatal, postneonatal):

Case Summary:

Findings:

Actions to be taken:

ANNUAL INVENTORY OF STATE-FURNISHED EQUIPMENT

Contract No.: _____ Date Contract Expires: _____

Previous Contract No.: _____
(if applicable)

Contractor's Name:

Contractor's Complete Address:

Contact Name/Phone No.: ()

DHS Program Name:

DHS Program Address:

DHS Program Liaison:

DHS Liaison's Telephone No.:
()

E-Mail:

Date of This Report:

(THIS IS NOT A BUDGET FORM)

[illegible]

INSTRUCTIONS: 1. Copy information from Exhibit A-1 from prior contracts.

2. For more information regarding listing and tagging of equipment, please call Asset Management at (916) 323-4524.

REPORTING NOTES

OTHER ADMINISTRATIVE

CAPITAL EXPENDITURES AND INVENTORY CONTROLLED ITEMS

REQUEST AND APPROVAL

Policy

The MCH Branch allows the purchase of Capital Expenditures (as defined in the Glossary) and inventory-controlled (as defined in the Glossary) items.

All Capital Expenditures and Inventory-Controlled Items (CEICI) purchased by Agencies, or purchased by the MCH Branch on behalf of Agencies, must be necessary and used toward fulfilling the terms of the MCH Allocation Plan and Budget and Agencies must maintain a written inventory (Exhibit A-2) of all CEICI purchased with MCH funds.

The MCH Branch may require the submission of paid vendor receipts for any purchase, regardless of dollar amount. The MCH Branch also has the right to either deny claims for reimbursement or to request repayment for any purchase determined to be unnecessary, inappropriate or unused in carrying out performance under this MCH Allocation Plan and Budget.

Procedure

Agency requests permission to purchase Capital Expenditure items via the Capital Expenditure line item on the initial Budget, or subsequent Budget Revisions, with detailed descriptions in the Budget Justification. The purchase of inventory-controlled items is requested via the Other Costs Detail Worksheet under “Other” also with detailed descriptions in the Budget Justification.

MCH and Agency staffs negotiate all the terms and conditions of the Budget including Capital Expenditures and/or inventory-controlled items.

Approval to acquire Capital Expenditure items and/or inventory-controlled items is granted via the approved initial Allocation Plan and Budget approval or subsequent Budget Revision approvals.

The acquisition of Capital Expenditure items and/or inventory-controlled items other than those detailed in the initial approved Allocation Plan and Budget or subsequent approved Budget Revisions requires separate written MCH Branch approval prior to the purchase of any such equipment.

PROCUREMENT

Policy

Units of local government, public entities (including the Universities of California and California State University and auxiliary organizations/foundations thereof), and State or federal agencies whether primary agency or subcontractor, may use their existing procurement systems to secure all articles, supplies, equipment, and services related to purchases that are required in the performance of any MCH Allocation Plan and Budget without regard to dollar limit.

All other entities (nonprofit organizations and for-profit entities or private vendors), when acting as a subcontractor, may use their existing procurement systems for purchases up to an annual maximum limit of \$50,000. The procurement system must meet the following standards:

- maintain a code or standard of conduct that governs the performance of its officers, employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent may participate in the selection, award, or administration of a procurement contract in which, to his or her knowledge, he or she has a financial interest.
- conduct procurements in a manner that provides:
 - a. to the maximum extent practical, open and free competition.
 - b. avoidance of the purchasing of unnecessary or duplicate items.
 - c. a clear and accurate description of the technical requirements of the goods to be procured.

The Agency and/or subcontractor must maintain a copy or narrative description of the procurement system, guidelines, rules, or regulations that will be used to make purchases under this MCH Allocation Plan and Budget. The MCH Branch reserves the right to request copies of these documents and to inspect the purchasing practices of the Agency and/or a subcontractor at any time.

For all purchases, the Agency and/or subcontractor must maintain copies of all paid vendor invoices and documents for inspection or audit by the State.

Capital Expenditures above the annual maximum limit of \$50,000 (for applicable subcontractors) must be purchased through the DHS Purchasing Unit by way of the Department of General Services, Office of Procurement.

Title to all Capital Expenditures purchased in whole or in part with MCH funds remains with the State.

Procedure

For Capital Expenditure purchases exceeding \$50,000 by a subcontractor, the Agency must submit to the MCH Contract Manager a list of Capital Expenditure specifications for those items to be procured by the State.

The cost of Capital Expenditures purchased by or through the State will be deducted from the funds available in the MCH Allocation Plan and Budget.

Capital Expenditure items will be delivered to the official Agency address unless the Agency notifies the MCH Branch in writing of an alternate delivery address.

TAGGING (EXHIBIT A-1)

Policy

Capital Expenditures and inventory-controlled items, as defined in the Glossary, will be identified with DHS or MCH identification tags.

Procedure

The Agency must list, on the Exhibit A-1 “Current Contract Year Equipment Purchased With State Funds”, all Capital Expenditure or inventory-controlled items purchased during the quarterly invoice period. The Exhibit A-1 must also include any replacement parts, which the Agency purchased because the original was damaged, lost or stolen.

A sample of the Exhibit A-1 form is located later in this section. (Please photocopy as needed for submission to the MCH Branch listing Capital Expenditure and inventory-controlled items purchased with MCH funds or use the Exhibit A-1 provided on the Budget/Invoice CD.) The Agency must attach an original and three copies of the completed Exhibit A-1 to the quarterly invoice submitted for that period.

If either the Capital Expenditure or inventory-controlled items were provided to the Agency by the MCH Branch at State expense, the Exhibit A-1 is to be submitted to the MCH staff immediately upon receipt of the item(s).

The MCH Branch will forward identification tags to the attention of the Agency contact person identified on the Exhibit A-1.

Fiscal year-end purchases identified on the Exhibit A-1 prior to receipt of the items will not be issued identification tags at the time of the Exhibit A-1 submission. Once the item(s) is received, contact the MCH staff to report the serial numbers on the equipment. The MCH staff will then forward property identification tags for those items.

Identification tags that have been lost or destroyed must be replaced and can be obtained by contacting the MCH Branch, Operations Section.

REIMBURSEMENT

Policy

For Capital Expenditures or inventory-controlled item costs to be charged to any particular fiscal year, the costs must have been obligated no later than the end of that fiscal year (i.e., June 30). In order for costs to be considered obligated, a purchase order must have been fully executed. A purchase estimate or an internal equipment request is not considered an obligation of funds.

Procedure

Agency must submit the quarterly invoice including the cost of:

- items purchased identified on the Invoice Summary Page in Line Item #3, “Capital Expenditures” and/or
- each inventory-controlled item (including tax) on the “Operating Expense and Other Costs Detail Worksheet” which will forward to Line Item #4, “OTHER”.

A completed Exhibit A-1 (please see the previous subsection “Tagging (Exhibit A-1)” must be attached to all invoices, which includes reimbursement for Capital Expenditures and/or inventory-controlled items. The MCH Branch will process the invoice for payment through the State Controller’s Office.

DENIAL OF REIMBURSEMENT

Policy

If MCH Branch approval was not obtained prior to expenditure of funds for Capital Expenditure or inventory-controlled purchases, the costs may be disallowed.

If the required Exhibit A-1 is not submitted with the invoice, the costs claimed for applicable Capital Expenditures and/or inventory-controlled items may be disallowed and may be deducted from the invoice.

OWNERSHIP

Policy

All Capital Expenditure and/or inventory-controlled items, as defined in the Glossary, purchased/reimbursed with MCH Allocation Plan and Budget funds or furnished by the State under the terms of this MCH Allocation Plan and Budget are considered property of the State.

Title to State property is not affected by its incorporation or attachment to any property not owned by the State.

The MCH Branch will be under no obligation to pay the cost of restoration, or rehabilitation of the Agency's and/or a subcontractor's facility which may be affected by the removal of any State property.

The Agency and/or subcontractor must maintain and administer, according to State directives and sound business practices, a program for the proper use, maintenance, repair, protection, insurance and preservation of State property.

REPLACEMENT/ MAINTENANCE

Policy

If Capital Expenditure or inventory-controlled items purchased with MCH Allocation Plan and Budget funds or provided by the MCH Branch are:

- damaged while in the possession of the Agency, the State requires these items be repaired at no cost to the State. MCH Allocation Plan and Budget funds may not be used for this purpose. If items are damaged beyond repair, refer to the Disposition of Capital Expenditure/Inventory Controlled Items segment of this Section.
- lost or stolen while in the possession of the Agency, the State will require that items be replaced with comparable articles at no cost to the State. MCH Allocation Plan and Budget funds may not be used for this purpose.

Procurement of maintenance agreements for Capital Expenditure and inventory-controlled items are the responsibility of the Agency. Costs of these maintenance agreements are payable through the MCH Plan and Budget.

Procedure

Maintenance agreement costs are charged to Line Item #2, "Operating Expenses," in the "Other Operating Expenses" category on the "Operating Expenses and Other Costs Detail Worksheet."

DISPOSITION OF CAPITAL EXPENDITURE/ INVENTORY CONTROLLED ITEMS

Policy

Requests for disposition of any Capital Expenditure or inventory-controlled items must be submitted in writing to the MCH Branch Operations Section.

Upon cancellation of the MCH Allocation Plan and Budget, all Capital Expenditure and inventory-controlled items purchased with State funds or provided by the State will be moved, at State expense, to a location designated by MCH staff in accordance with instructions issued by the MCH Branch.

Procedure

DO NOT DONATE OR DESTROY ANY ITEMS PRIOR TO RECEIPT OF MCH BRANCH APPROVAL.

Agency must submit a letter to MCH Branch Operations Section requesting disposition of specific item(s). Requests must include the following information:

- item description
- model number and serial number, if available
- State identification tag number (indicate if blank tag)
- location
- present condition
- proposed method of disposition
- reason for removal from inventory
- a description of the steps taken to prevent the recurrence of loss, theft, or destruction if item has been lost, stolen or damaged beyond repair.
- a copy of the police report if item was stolen.

Exhibit A-1

CONTRACT EQUIPMENT PURCHASED WITH DHS FUNDS

Current Contract Number: _____

Previous Contract Number (if applicable): _____

Contractor's Name: _____

Complete Address: _____

Telephone Number: _____

Contractor's Contact Person: _____

Date Current Contract Expires: _____

DHS Program Name: _____

DHS Program Contract Manager: _____

DHS Program Address: _____

DHS Program Contract Manager's Telephone Number: _____

Date of this Report: _____

(THIS IS NOT A BUDGET FORM)

[illegible]

**YEAR 2002
CONTRACTING/
PROCUREMENT
LANGUAGE**

The bidder and/or contractor represents and warrants fault-free performance in processing of date and date related data (including, but not limited to, calculating, comparing, and sequencing) by all hardware, software, and firmware products delivered under this agreement, individually and in combination, upon installation. Fault-free includes the manipulation of this data with dates prior to, through, and beyond January 1, 2000, and shall be transparent to the user.

COMPUTER HARDWARE/SOFTWARE STANDARDS

All new computer hardware and software purchased must meet the minimum standards adopted by DHS noted below:

Standard Software	Hardware Standards – Desktop/Laptop
Windows 2000	1.0 GHz processor
Office 2000 Professional	256 MB RAM
Word	20 GB hard drive
Excel	Monitor: 17 inch viewable area
Power Point	16 MB video card
Access	Network Card dual scan color screen
	CD Drive
	3.5 floppy drive
	Security locking system (Laptop)
	3 year warranty

In addition, MCH will no longer provide files in any other format than those noted above.

SUBCONTRACTS

Policy

The MCH Branch allows agencies to enter into subcontract agreements for services outlined in the SOW.

All subcontracts must include provision(s) requiring compliance with the terms and conditions of this MCH Allocation Plan and Budget, including but not limited to all FFP and Capital Expenditures and Inventory-Controlled Items guidelines and requirements.

A subcontract must relate to one prime agreement (allocation number) only. Subcontracts cannot be co-mingled between existing MCH agreements.

Multiple agreements with a single subcontractor, where the aggregate total exceeds \$5,000, must be approved by the MCH Branch.

Prior written approval from the MCH Branch is required to reimburse the Agency for subcontracts exceeding \$5,000. Any funds expended prior to obtaining MCH Branch written approval may not be reimbursable in the event the MCH Branch should subsequently disapprove the proposed subcontract.

Unless otherwise agreed to in writing by the MCH Branch, the Agency will be the subcontractor's sole point of contact for all matters related to the performance and payment under this MCH Allocation Plan and Budget.

The Agency remains responsible for all requirements under this MCH Allocation Plan and Budget even though the requirements are carried out through a subcontract.

The term of the subcontract must be documented in the subcontract language. The beginning date of the subcontract term must be the same as, or subsequent to, the beginning date of the MCH Allocation Plan and Budget. The ending date of the subcontract term must be the same as, or prior to, the ending date of the MCH Allocation Plan and Budget.

The maximum amount payable to the subcontractor must be specified in the subcontract and must be equal to or less than the amount of the specific Program Allocation and equal to the amount specified in the appropriate Program Budget.

Procedure

If your Agency intends to utilize a subcontractor in meeting the objectives in the MCH Allocation Plan and Budget, complete the following steps:

See Table Next Page

Step	Responsible Party	Activity
1	Agency	Submit to MCH the notification of intent to subcontract via the Operating Expense and Other Costs Detail Worksheet.
2	MCH and Agency	Negotiations are conducted for the MCH Allocation Plan and Budget including the intent to subcontract.
3	MCH	Final approval of the submitted MCH Allocation Plan and Budget is sent to the Agency. This does not imply approval of any subcontract. Approvals of all subcontracts are dependent upon submission of the Subcontract Agreement Transmittal package.
4	Agency	Submit an original and three copies of the completed Subcontractor Agreement Transmittal package. (See Subcontract Agreement Transmittal Form of the Other Administrative section of these Policies and Procedures describing components of completed package.)
5	MCH and Agency	Negotiate the subcontractor agreement.
6	MCH	Review and provide written approval or denial of subcontract to Agency.

SUBCONTRACT INSTRUCTIONS

AWARD PROCESS

Include a brief (one page or less) explanation of the reason for subcontracting specific activities and how the subcontractor was chosen

SUBCONTRACT AGREEMENT

Subcontract Agreement consists of:

- Subcontractor/Agency Agreement
- Proposed SOW (The State MCH SOW format is recommended; however, if recommended format is not used, alternative format must contain the following:)
- Goals - Must be stated as in the State MCH SOW
- Objectives - Must be stated as in the State MCH SOW, however, more detail and additional activities can also be added. Activities performed by the subcontractor must be specifically identified in the primary SOW.
- Implementation Activities – Same instructions as for Objectives above.
- Timelines – Do not have to be as stated in the MCH SOW, however, must be within the term of the primary SOW.
- Budget (State MCH format is required for subcontracts claiming enhanced and/or non-enhanced funding. However, MCH format is recommended for all subcontracts)
- Detailed Budget Justification Narrative

SUBCONTRACT AGREEMENT TRANSMITTAL FORM INSTRUCTIONS	
AGENCY IDENTIFICATION	
Agency Name	Print or type official agency name.
Allocation Number	Identify allocation number as indicated on your MCH approval letter relative to the current fiscal year.
Allocation Plan and Budget Term	Identify the beginning and ending dates for the MCH Allocation Plan and Budget term as indicated on your MCH approval letter relative to the current fiscal year.
Program Name	Check the applicable program box for which you are subcontracting services
Approved Program Amount	Indicate the approved specific program amount as shown on your MCH approval letter relative to the current fiscal year.
Program Coordinator	Identify the complete name of the Agency program coordinator.
SUBCONTRACTOR IDENTIFICATION	
Subcontractor or Consultant Name	Identify the complete name of the subcontractor or consultant.
Address	Indicate the complete address of the subcontractor or consultant.
Subcontract Amount	Show the total subcontract dollar amount as shown on required subcontract budget.
Subcontract Term	Indicate the beginning and ending dates of the subcontract term.
Federal I.D. Number or Social Security Number	Indicate the subcontractor's federal I.D. number or the consultant's social security number.
Subcontractor's Project Director	Identify the complete name of the subcontractor's project director. This need not be completed for consultants.
Phone Number	List the subcontractor's project director's correct phone number (including area code).
Type of Subcontractor	Check applicable status box.
MCH Director Signature	Obtain the original signature of the MCH Director confirming subcontractor's knowledge of and agreement to comply with the terms and conditions of the MCH Allocation Plan and Budget.
Date	Indicate the date the form was completed.

SUBCONTRACT AGREEMENT FORM

Complete and submit this transmittal form to obtain MCH Branch approval of subcontracts exceeding \$5,000. Attach the following as additional components of the complete Subcontract Agreement Transmittal Package:

1. A brief (one page or less) explanation of the award process including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost.
2. Subcontract agreement consisting of:
 - A. Subcontractor/Agency Agreement
 - B. Proposed SOW (State MCH SOW format recommended).
 - C. Budget (State MCH format is mandatory for any subcontract claiming enhanced and/or non-enhanced funding. However, State MCH format is recommended for all subcontracts).
 - D. Detailed Budget Justification

Review of subcontracts is done on a case-by-case basis and may require additional information.

AGENCY IDENTIFICATION

Agency Name: _____

Allocation Number: _____ Allocation Plan and Budget Term: _____

Program Name: _____

☐ MCH ☐ BIH ☐ AFLP ☐ ASPPP ☐ Other _____

Approved Program Amount: _____

Program Coordinator: _____

SUBCONTRACTOR IDENTIFICATION

Subcontractor or Consultant Name: _____

Address: _____

Subcontract Amount: _____ Subcontract Term: _____

Federal I.D. Number or Social Security Number: _____

Subcontractor's Project Director: _____
(N/A for consultants)

Phone Number: _____

Type of Subcontractor: ☐ For-profit organization ☐ Governmental Agency
☐ Non-profit organization ☐ University

The Agency certifies that, for the above named subcontractor, all applicable terms and conditions are included within the subcontract.

MCH Director Signature

Date

AUDITS AND EVALUATIONS

MONITORING AND COMPLIANCE

Policy

Authorized State and/or federal representatives have the right to monitor and audit/on-site review at all reasonable times the operation of the Agency and subcontractors for compliance with the provisions of this MCH Allocation Plan and Budget, applicable State and federal law, and regulations.

Audits/on-site reviews will be based on criteria and procedures established by the MCH Branch, State and federal government and will be in the form of regulations, statutes, policy letters, program policies and procedures, MCH Allocation Plan and Budget language, and any other official publication or correspondence of the State and federal government.

Authorized State and/or federal representatives may conduct annual (or more frequent) on-site financial, administrative and program audits/reviews of the Agency.

The Agency must maintain books, records, documents and other evidence, accounting procedures and practices, sufficient to reflect properly all direct and indirect costs by funding source of whatever nature claimed to have been incurred in the performance of this MCH Allocation Plan and Budget, including any matching costs and expenses.

The Agency's records are subject, at all reasonable times, to inspection, audit/on-site review and reproduction. The Agency will preserve and make available all records (including FFP time studies and supporting documentation):

- for a period of three years from the date of final payment under this MCH Allocation Plan and Budget, or
- for a period of three years from the date of resulting final judgement if this MCH Allocation Plan and Budget is completely or partially terminated, or
- for the regular three-year period or until the completion of the action and resolution of all issues (whichever is later) if any litigation, claim, negotiation, audit/on-site review, or other action involving the records has been started before the expiration of the three-year period, or
- for the period of time stated in any applicable statute, or
- for the period of time stated in any other clause of this MCH Allocation Plan and Budget.

Procedure

Audits/on-site program and/or administrative reviews, determined on a case by case basis, may include the following activities:

- Entrance conference
- Onsite review
- Exit conference
- Report of findings
- Corrective action plan
- Monitoring corrective action plan
- Closure

Auditing/on-site review activities will be conducted during normal business hours. The Agency or subcontractor must provide all reasonable facilities, accommodations and assistance to State and/or federal representatives for their safety and convenience in the inspection, review and monitoring of program operations.

SINGLE AUDIT ACT OF 1984

In accordance with Public Law 98-502 and OMB Circular A-133, it is stipulated between the Department and the Agency that:

- the cost of the single audit will be charged to the federal assistance program providing funds for this agreement on a “Fair Share” basis. The amount chargeable to federal assistance programs for the cost of the single audit is calculated based on the ratio of federal expenditures to total expenditures of the Agency. The State’s share of the single audit cost under the MCH Allocation Plan and Budget is based upon the ratio of federal funds received under this MCH Allocation Plan and Budget to total federal funds received by the Agency each fiscal year.
- the Agency must include a clause in any contract or other agreement the Agency enters into with the audit firm doing the single audit to provide access by the State or Federal Government to the working papers of the independent auditor who prepares the single audit for the Agency.
- federal or State auditors/staff will have “expanded scope auditing” authority to conduct specific program audits/on-site reviews during the same period in which a single audit is being performed, but the audit report has not been issued. The federal or State auditors/staff will review and have access to the current audit work being conducted and will not apply any testing or review procedures which have not been satisfied by previous audit work that has been completed.

The term “expanded scope auditing” is applied and defined in the U.S. General Accounting Office (GAO) issued Standards for Audit of Governmental Organizations, Programs, Activities and Functions, better known as the “yellow book.”

MISCELLANEOUS

INDEMNIFICATION

The State, its officers, agents, and employees are indemnified, defended, and held harmless from all claims and losses accruing or resulting to all subcontractors, persons, firms or corporations furnishing or supplying work services, materials or supplies or who may be injured or damaged by the Agency in connection with the performance of this MCH Allocation Plan and Budget.

The Agency, and the agents and employees of the Agency, in the performance of the MCH Allocation Plan and Budget, must act in an independent capacity and not as officers or employees or agents of State of California.

PRIORITY OF PROVISIONS

If there is any conflict between Statute, Regulations, policies, approved MCH Allocation Plan and Budget and/or approval letter, conflicts will be resolved by giving precedence in the order listed.

PROHIBITION OF ORAL AGREEMENTS

All terms and conditions are mandated by the negotiated MCH Allocation Plan and Budget. No proposed change is valid or effective unless proposed and approved in writing.

CONFIDENTIALITY OF INFORMATION

For purposes of the following, identity will include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

The Agency, its employees, agents, or subcontractors:

- must protect from unauthorized disclosure:
 - names and other identifying information concerning persons either receiving services pursuant to this MCH Allocation Plan and Budget, or,
 - persons whose names or identifying information become available or are disclosed as a result of services performed under this MCH Allocation Plan and Budget,
- must not use identifying information for any purpose other than carrying out the Agency's obligations under this MCH Allocation Plan and Budget.
- must promptly transmit to the MCH Branch all requests for disclosure of identifying information not emanating from the client or person.
- must not disclose, except as otherwise specifically permitted by this MCH Allocation Plan and Budget or authorized by the client, any identifying information to anyone other than the State without prior written authorization from the State.

PROVISION OF INFORMATION

Policy

The State has the authority to obtain from the Agency any information required or relevant to the performance of this MCH Allocation Plan and Budget.

Procedure

The State must request information in writing.

The Agency must provide the requested information postmarked no later than 30 calendar days after receipt of the State's written request. If, in the opinion of the Agency, provision of requested information will result in unbudgeted expenses, the Agency may submit to the State a written request for a budget revision, which includes the unanticipated expense.

Refer to Fiscal Section, Budget Revisions, for detailed procedures concerning budget changes.

AGENCY'S USE OF INCOME

Policy

The Agency's use of income, such as donations, revenues, refunds, rebates, credits, accrued interest or other income (including revenue from third-party payers and sale of materials), accruing to or received by the Agency as a result of an MCH Allocation Plan and Budget must be deposited in a separate revenue account. The Agency must not profit as a result of income accrued to the separate revenue account.

The Agency may use income for the benefit of MCH programs but may not supplant or offset expenses that are in the approved MCH Allocation Plan and Budget.

All expenditures against this income must be documented for audit/on-site review purposes.

At the fiscal year end, any income remaining in the separate revenue account must be refunded to the State.

Procedure

The Agency must submit a written request for the proposed use of income. The request must include the following items:

- origination of income
- name of program for which the income will be used
- detailed explanation of estimated expenditures

The MCH Branch will review the request and will notify the Agency in writing of the approval/denial.

In the event that any income remains in the separate revenue account at the end of the fiscal year, the Agency will refund the money to the MCH Branch as follows:

- Agency must submit a letter to the MCH Contract Manager identifying:
 - a) the amount of income remaining in the separate revenue account
 - b) name of program that generated the income, and
 - c) nature of generated income
- Agency must enclose with the letter a check, money order, or cashier's check in the amount of income remaining in the separate revenue account made payable to the California Department of Health Services.

COVENANT AGAINST CONTINGENT FEES

No person or selling agency may be employed or retained to solicit or secure this MCH Allocation Plan and Budget for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or established commercial or selling agencies maintained by the Agency for the purpose of securing business. If the preceding occurs, the State may annul this MCH Allocation Plan and Budget without liability or deduct from the MCH Allocation Plan and Budget the full amount of commission, percentage, brokerage, or contingent fee.

FREEZE EXEMPTIONS

The following policies which the Agency may adopt during the term of this MCH Allocation Plan and Budget may not be applied to positions or restrict program operations funded in whole or in part by this MCH Allocation Plan and Budget:

- any blanket hiring freezes or any other personnel policies related to hiring freezes or workweek reduction
- any travel freeze
- any purchasing freeze

CONFLICT OF INTEREST

If the Agency violates any provision of the below paragraphs, the MCH Allocation Plan and Budget is rendered void, unless the violation is technical or nonsubstantive.

(Citation: Public Contract Code, Section 10420)

Agency	<p>All reasonable efforts must be taken to prevent Agency's officers, agents, employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others. This provision does not prohibit the employment of persons with whom the Agency's officers, agents, or employees have family, business, or other ties so long as:</p> <ul style="list-style-type: none">• the employment of those persons does not result in increased costs over those associated with the employment of any other equally qualified applicant, and/or• those persons have successfully competed for employment with other applicants on a merit basis. <p>If the State determines that a conflict of interest situation exists, it may terminate the MCH Allocation Plan and Budget or disallow any increase in costs associated with the conflict of interest.</p>
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Current State Officers and Employees	<p>No member of or delegate to Congress or the State Legislature may benefit directly or indirectly as a result of any award under this MCH Allocation Plan and Budget. This restriction does not extend to a corporation for its general benefit.</p> <p>An employee in the state civil service is defined to be any person legally holding a permanent or intermittent position in the state civil service.</p> <p>Any state officer or employee in the state civil service or other appointed state official, including those on either paid or unpaid leave of absence from their regular state employment, may not be utilized in the performance of this MCH Allocation Plan and Budget unless the employment, activity, or enterprise is required as a condition of the person's regular state employment.</p> <p>If any state officer or employee is utilized or employed in the performance of this MCH Allocation Plan and Budget, the Agency must first obtain written verification from the State that the employment, activity, or enterprise is required as a condition of the officer's, employee's, or official's regular state employment and will keep verification on file for three years after the termination of this MCH Allocation Plan and Budget.</p> <p>Volunteer work accepted by the Agency from any currently employed state officer, employee, or official may not be reimbursed, or otherwise paid or compensated, including travel expenses, per diem, etc.</p> <p>It is unlawful for anyone having a financial interest in this MCH Allocation Plan and Budget to become a state officer, employee, or official during the term of this MCH Allocation Plan and Budget.</p> <p>Occasional or one-time reimbursement of a state employee's travel expenses is not acceptable.</p> <p>(Citation: Public Contract Code, Section 10410)</p>
Former State Officers and Employees	<p>The following former employees of any state agency or department under state civil service, or otherwise appointed to serve in the State Government may not be utilized in the performance of the MCH Allocation Plan and Budget.</p> <p>Any person who was engaged in any negotiations, transactions, planning, arrangement, or any part of the decision-making process relevant to the MCH Allocation Plan and Budget while employed by any state agency or department. This prohibition is applicable for a two-year period beginning on the date the person left state employment.</p> <p>Any person who was employed in a policy-making position in the same general subject area as the proposed MCH Allocation Plan and Budget within the 12-month period prior to the employee leaving state service. This prohibition is applicable for a one-year period beginning on the date the person left state employment.</p> <p>(Citation: Public Contract Code, Section 10411)</p>

DOCUMENTS AND WRITTEN REPORTS

Any document or written report prepared as a requirement of this MCH Allocation Plan and Budget must contain, in a separate section preceding the main body of the document, the number and dollar amounts of all allocations and subcontracts relating to the preparation of this document or report, if the total cost for work by nonemployees of the State exceeds \$5,000.

PUBLICATION APPROVAL

Policy

All reports, publications, brochures, letters of interest or other materials which are deliverables in the SOW and are produced and/or paid for by the MCH Allocation Plan and Budget for distribution to the public must be approved by MCH prior to publication. Any materials currently in publication, which have not been previously approved by the MCH Branch need to be approved prior to reprinting and further publication.

Procedure

Sixty days prior to publication or reprinting of all reports, publications, brochures, letters of interest or other materials to be distributed, Agency must send to the Contract Manager:

- a cover letter explaining the purpose of the publication and requesting approval
- a copy of the proposed publication/material
- completed Annotation of Products Developed Form (Form 7), found in the Reporting Section of these Policies and Procedures.

The Contract Manager will provide, to the Agency, written approval/disapproval for printing the documents within 60 days.

PUBLICATION CREDIT

Policy

Journal articles, Public reports or publications regarding any Work performed with funds provided under this MCH Allocation Plan and Budget must include a statement giving credit for support. This statement must also be included on any curriculum, educational materials, programs, program documentation, videotapes, and/or other audio-visual materials resulting from this MCH Allocation Plan and Budget.

Procedure

- Include a statement identifying funding support on the title page of public reports or publications.
- Include a statement identifying funding support on the first page of any journal articles.
- Sample statement/credit:
- "This project was supported by funds received from the State of California, Department of Health Services, Maternal and Child Health Branch."

PRINTING

If the cost of printing or other reproduction work is more than ten percent of the total State reimbursement amount approved in this MCH Allocation Plan and Budget, it must be printed or produced by the State Printer. The State Printer may, at his sole option, elect to forego this work and delegate the work to the private sector. If the State Printer prints or produces this work, or the State obtains the printing or other work through the Office of State Procurement, the cost will be deducted from the MCH Allocation Plan and Budget amount. This requirement does not apply to normal in-house copying necessary for routine business matters of the Agency.

WORKS

Policy

The copyright to any and all Works under this MCH Allocation Plan and Budget, whether published or unpublished, belongs to DHS from the moment of creation.

All public reports or publications must be submitted to the State's Contract Manager for review, written comment and/or approval by the State.

The State owns all Works.

All data/research reports or publications must contain:

- a disclaimer that credits any analysis, interpretations, or conclusions reached to the author(s) and not to the State, and
- a statement on the biases in the data known to affect the report findings.

The Agency must delete or scramble all confidential information prior to publication.

The federal government or State has the right to order, at any time during the performance of this MCH Allocation Plan and Budget, or within two years from either acceptance of all items (other than data) to be delivered under this MCH Allocation Plan and Budget or termination of this MCH Allocation Plan and Budget, whichever is later, any work and any data not called for in the schedule of this MCH Allocation Plan and Budget but generated in performance of this MCH Allocation Plan and Budget. The Agency is relieved of obligation to furnish data pertaining to an item obtained from a subcontractor upon the expiration of two years from the date he accepts the items.

The State will not release the articles, reports or materials or comment publicly prior to their scheduled release.

Approval for use of Works must be obtained from the State.

Procedure

The Agency must obtain State approval as follows:

- the Agency must request prior written permission from the State to use confidential information (see Glossary for definition) in databases, according to the requirements of the parent database or the appropriate human subject review board.
- at least 60 days before the publication, reproduction or release of public report or document the Agency must supply the State with a copy of the publication/report for review, comment and approval.
- within 30 calendar days of the end of the term of this MCH Allocation Plan and Budget, the Agency agrees to deliver, in a form which can be reproduced by the State, any Works developed in execution of this MCH Allocation Plan and Budget.
- for independent research project articles, reports or materials, the Agency must provide the State with a copy of the final product.
- the Agency must promptly prepare and deliver the data as is ordered for actual costs of reproduction excluding overhead. If the principal investigator is no longer associated with the Agency, the Agency should exercise its best efforts to prepare and deliver the data as is ordered.

When data, other than the Work, is delivered, payment will be made, by equitable adjustment or otherwise, for converting the data into the prescribed form, reproducing it or preparing it for delivery. The terms of payment must be agreed upon in writing by the Agency and the State and/or federal government, whichever ordered the production of the data.

The Agency must request in writing and obtain written permission from the State to release to other parties data files or databases provided by the State or prepared or collected under this MCH Allocation Plan and Budget.

INTELLECTUAL PROPERTY

Policy

The State retains ownership of the original and all copies of the Work and the medium such as original artwork and negatives, print ready art or copy, computer diskettes, etc.

The State will own all rights, title and interest in, but not limited to, the copyright to any and all Works, whether or not published.

The Agency must grant ownership to the State for any original Work that is not fixed in any tangible medium of expression. (California Civil Code, Section 982)

The State retains all rights to use, reproduce, distribute, or display any works produced under this agreement and any derivative works based on those works, as well as all other rights, privileges, and remedies granted or reserved to a copyright owner under statutory and common law copyright law.

For any product, data or material that is created, produced, conceptualized, developed, or delivered under this agreement that is not deemed a "Work", the Agency must grant the State a royalty-free, non-exclusive, and irrevocable license throughout the world to reproduce, to prepare derivative works, to distribute copies, to perform, to display or otherwise use, duplicate or dispose of the work in any manner for governmental purposes and to have or permit others to do so.

If the Agency enters into any agreements with other parties in order to perform the work required under this MCH Allocation Plan and Budget, the Agency must require that the agreement(s) include clauses granting the State a copyright interest in any Works and ownership of any Works not fixed in any tangible medium of expression. The Agency must require the other parties to assign those rights to the State on a form to be provided by the State. For any Works for which the copyright is not assigned to the State or for which the Agency failed to obtain copyright for the State, the Agency must obtain for the State, at the Agency's expense, a royalty-free, non-exclusive and irrevocable license throughout the world to reproduce, to prepare derivative works, to distribute copies, to perform, to display or otherwise use, duplicate or dispose of these Works in any manner for government purposes and to have or permit others to do so.

If the use of any Work is enjoined as a result of any action or proceeding, the Agency must, at its own expense and at the option of the State:

- procure for the State the right to continue to use the element; or
- replace the element with a comparable element which is non infringing or does not violate the rights or interest of any person or entity; or
- modify the element so it becomes non infringing or does not violate the rights or interest of any person or entity.

The Agency must represent and warrant that:

- it is free to adhere to these policies and procedures;
- it has secured or will secure all rights and licenses necessary for the production of the Work;
- neither the Work nor any of the materials it contains, nor the exercise by either party of the rights granted in this policy, will infringe upon or violate the rights or interests of any person or entity;
- neither the Work nor any part of it will:
 - i. violate the right of privacy of, or
 - ii. constitute a libel or slander against, or
 - iii. infringe upon the copyright, literary, dramatic, statutory or common law rights, trademarks or service marks of any person, firm or corporation; and
- it has not granted and will not grant to any person or entity any right that would or might derogate, encumber or interfere with any of the rights granted to the State in this policy.

The State, its licensees and assignees, and their officers, directors, employees, agents, representatives, successors, licensees and assignees are indemnified defended and held harmless from and against all claims, actions, damages, losses, costs and expenses, including reasonable attorneys' fees, which any of them may sustain because of the use of the Work and any other materials furnished by the Agency under this MCH Allocation Plan and Budget, or because of the breach of any of the representations or warranties made in this MCH Allocation Plan and Budget.

All Works distributed under the terms of this MCH Allocation Plan and Budget and any reproductions of visual works or text of these works must include a notice of copyright in a place that can be visually perceived either directly or with the aid of a machine or device. This notice should be placed prominently on the Work and set apart from other matter on the page where it appears.

For Work(s) requiring the use of other copyright holders' materials, the Agency must furnish the names and addresses of all copyright holder(s) or their agent(s), if any, and the terms of any license(s) or usage granted, at the time of delivery of the Work. No licensed materials will be used without prior written permission from the State.

Procedure

The Agency must make delivery of original and all copies of the Work and the medium such as original artwork and negatives, print ready art or copy, computer diskettes, etc. within 30 working days of request by the State.

AMERICANS WITH DISABILITIES ACT

The Agency must comply with all requirements established under the Americans with Disabilities Act, in order to make programs accessible to all participants and to provide equally effective communications.

**DISABLED
VETERANS AND
VETERANS OF THE
VIETNAM ERA**

- A. The Agency will not discriminate against any employee or applicant for employment because he or she is a disabled veteran or veteran of the Vietnam era in regard to any position for which the employee or applicant for employment is qualified. The Agency agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled veterans and veterans of the Vietnam era without discrimination based upon their disability or veterans status in all employment practices such as the following: employment upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
- B. The Agency agrees that all suitable employment openings of the Agency which exist at the time of the execution of this MCH Allocation Plan and Budget and those which occur during the performance of this MCH Allocation Plan and Budget, including those not generated by this MCH Allocation Plan and Budget and including those occurring at an establishment of the Agency other than the one wherein the MCH Allocation Plan and Budget is being performed but excluding those of independently operated corporate affiliates, must be listed at an appropriate local office of the state employment service system wherein the opening occurs. The Agency further agrees to provide the reports to the local office regarding employment openings and hires as may be required.

State and local government agencies holding federal contracts of \$10,000 or more must also list all their suitable openings with the appropriate office of the state employment service, but are not required to provide those reports set forth in paragraphs AD and AE.

- C. Listing of employment openings with the employment service system pursuant to this clause must be made at least concurrently with the use of any other recruitment source or effort and will involve the normal obligations which attach to the placing of bona fide job order, including the acceptance of referrals of veterans and nonveterans. The listing of employment openings does not require the hiring of any particular job applicant or from any particular group of job applicants, and nothing herein is intended to relieve the Agency from any requirements in Executive Orders or regulations regarding nondiscrimination in employment.
- D. The reports required by paragraph AB of this clause must include, but not be limited to, periodic reports which must be filed at least quarterly with the appropriate local office or, where the Agency has more than one hiring location in a State, with the central office of that state employment service.

The reports must indicate for each hiring location:

- the number of individuals hired during the reporting period,
- the number of nondisabled veterans of the Vietnam era hired,
- the number of disabled veterans of the Vietnam era hired, and
- the total number of disabled veterans hired.

The reports should include covered veterans hired for the on-the-job training under 39 U.S.C. 1787. The Agency must submit a report within 30 days after the end of each reporting period wherein any performance is made on this MCH Plan and Budget identifying data for each hiring location. The Agency must maintain at each hiring location copies of the reports submitted until the expiration of one year after final payment under the MCH Plan and Budget, during which time these reports and related documentation must be made available, upon request, for

examination by any authorized representatives of the Federal Contracting Officer, the State, or the Secretary of Labor. Documentation would include personnel records respecting job openings, recruitment, and placement.

- E. Whenever the Agency becomes contractually bound to the listing provisions of this clause, it must advise the employment service system in each state where it has establishments of the name and location of each hiring location in the state. As long as the Agency is contractually bound to these provisions and has so advised the state system, there is no need to advise the state system of subsequent contracts. The Agency may advise the state system when it is no longer bound by this MCH Plan and Budget clause.
- F. This clause does not apply to the listing of employment openings which occur and are filled outside the 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands.
- G. The provisions of paragraphs AB, AC, AD, and AE of this clause do not apply to openings which the Agency proposes to fill from within his own organization or to fill pursuant to a customary and traditional employer-union hiring arrangement. This exclusion does not apply to a particular opening once an employer decides to consider applicants outside of his own organization or employer-union arrangement for that opening.
- H. As used in this clause:
- All suitable employment openings includes, but is not limited to, openings which occur in the following job categories: production and nonproduction: plant and office; laborers and mechanics; supervisory and nonsupervisory, technical and executive, administrative, and professional openings that are compensated on a salary basis of less than \$25,000 per year. This term includes full-time employment, temporary employment of more than three days' duration, and part-time employment.
- It does not include openings which the Agency proposes to fill from within his own organization or to fill pursuant to a customary and traditional employer-union hiring arrangement nor openings in an educational institution which are restricted to students of that institution. Under the most compelling circumstances, an employment opening may not be suitable for listing, including situations where the needs of the Federal Government cannot reasonably be otherwise supplied, where listing would be contrary to national security, or where the requirement of listing would otherwise not be for the best interest of the Federal Government.
- appropriate office of the state employment service system means the local office of the federal/state national system of public employment offices with assigned responsibility for serving the area where the employment opening is to be filled, including the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.
 - openings which the Agency proposes to fill from within his own organization means employment openings for which no consideration will be given to persons outside the Agency's organization (including any affiliates, subsidiaries, and the parent companies) and includes any openings which the Agency proposes to fill from regularly established Area call lists.
 - openings which the Agency proposes to fill pursuant to a customary and traditional employer-union hiring arrangement means employment openings which the Agency proposes to fill from union halls which is part of the customary and traditional hiring relationship which exists between the Agency and representatives of his employees.

- I. The Agency agrees to comply with the rules, regulations, and relevant orders of the Federal Secretary of Labor issued pursuant to the Act.
- J. In the event of the Agency's noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with the rules, regulations, and relevant orders of the Federal Secretary of Labor issued pursuant to the Act.
- K. The Agency agrees to post in conspicuous places available to employees and applicants for employment notices in a form to be prescribed by the Director of the Office of Federal Contract Compliance Programs, provided by or through the contracting Officers or State. Notices must state the Agency's obligation under the law to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam era for employment, and the rights of applicants and employees.
- L. The Agency will notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding that the Agency is bound by terms of the Vietnam Era Veteran's Readjustment Assistance Act and is committed to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era.
- L. The Agency will include the provisions of this clause in every subcontract or purchase order of \$10,000 or more unless exempted by rules, regulations, or orders of the Federal Secretary of Labor issued pursuant to the Act, so that provisions will be binding upon each subcontractor or vendor. The Agency will take action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs may direct to enforce provisions, including action for noncompliance.

NON-DISCRIMINATION CLAUSE

During the performance of this MCH Allocation Plan and Budget, Agency and its subcontractors must not unlawfully discriminate, harass or allow harassment, against any employee or applicant for employment or in the provision of services because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, and denial of family care leave. Agencies and subcontractors must insure that the evaluation and treatment of their employees and applicants for employment are free from discrimination and harassment.

Agency and subcontractors must comply with the provisions of the Fair Employment and Housing Act (Government Code, Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285.0 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are incorporated into this MCH Allocation Plan and Budget by reference and made a part hereof as if set forth in full. Agency and its subcontractors must give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

This Agency must include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the MCH Allocation Plan and Budget.

NON-DISCRIMINATION IN SERVICES, BENEFITS, AND FACILITIES

For the purpose of this MCH Allocation Plan and Budget, distinctions on the grounds of race, color, creed, national origin, sex, age, or physical or mental handicap include, but are not limited to, the following: denying a participant any service or providing a benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this MCH Allocation Plan and Budget; subjecting a participant to segregation or separate treatment in any matter related to his receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; treating a participant differently from others in determining whether he satisfied any admission, enrollment quota, eligibility, membership, or other requirement or condition which individuals must meet in order to be provided any service or benefit; the assignment of times or places for the provision of services on the basis of the race, color, creed, or national origin of the participants to be served.

The Agency will take affirmative action to ensure that intended beneficiaries are provided services without regard to race, color, creed, national origin, sex, age, or physical or mental handicap.

The Agency agrees that complaints alleging discrimination in the delivery of services by the Agency or his or her subcontractor because of race, color, national origin, creed, sex, age, or physical or mental handicap will be resolved by the State through the Department of Health Services' Affirmative Action/Discrimination Complaint Process.

The Agency must, subject to the approval of the Department of Health Services, establish procedures under which service participants are informed of their rights to file a complaint alleging discrimination or a violation of their civil rights with the Department of Health Services.

The Agency must operate the program or activity in a manner that it is readily accessible to usable by mentally or physically handicapped persons pursuant to 45 Code of Federal Regulations, Parts 84, Sections 84.21 and 84.22.

The Agency must keep records, submit required compliance reports, and permit state access to records in order that the State can determine compliance with the nondiscrimination requirement pursuant to 45 Code of Federal regulations, Parts 80, 84, and 90, Sections 80.6, 84.61 and 90.42.

EQUAL OPPORTUNITY CLAUSE

The Agency must not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, or age. The Agency must take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, national origin, physical or mental handicap, or age. This action must include, but not be limited to the following: employment, upgrading, promotion or transfer; recruitment or recruitment advertising; layoff or termination, rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship.

The Agency agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government and the State, setting forth the provisions of the Equal Opportunity clause and the Rehabilitation Act of 1973. Notices must state the Agency's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin, physical or mental handicap or age and the rights of applicants and employees.

The Agency will, in all solicitations or advertisements for employees placed by or on behalf of the Agency, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, physical or mental handicap or age.

The Agency will send to each labor union or representative of workers with which he or she has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or worker's representative of the Agency's commitments under this Equal Opportunity clause and must post copies of the notice in conspicuous places available to employees and applicants for employment.

The Agency will comply with all provisions of the Rehabilitation Act of 1973 and of the Federal Executive Order No. 11246 as amended, and of the rules, regulations, and relevant orders of the Secretary of Labor.

The Agency will furnish all information and reports required by Federal Executive Order No. 11246 as amended and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the Secretary of Labor for purposes of investigation to ascertain compliance with rules, regulations and orders.

In the event of the Agency's noncompliance with the requirements of this Equal Opportunity clause or with any federal rules, regulations, or orders which are referenced in this clause, this MCH Allocation Plan and Budget may be canceled, terminated, or suspended in whole or in part and the Agency may be declared ineligible for further federal or state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

The Agency will include the provisions of this entire clause in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, or Section 503 of the Rehabilitation Act of 1973, so that provisions will be binding upon each subcontractor or vendor. The Agency will take action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or the State may direct as a means of enforcing provisions including sanctions for noncompliance provided, however, that in the event the Agency becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of direction by the State, the Agency may request in writing to the State, who, in turn, may request the United States to enter into litigation to protect the interests of the State and of the United States.

CHILD SUPPORT COMPLIANCE ACT ACKNOWLEDGE- MENT

Effective January 1, 1999, by signing this contract that exceeds \$100,000, the Contractor acknowledges that:

- A. The Contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of Family Code; and
- B. The Contractor, to the best of its knowledge, is fully complying with the earnings assignment orders of all employees and providing the names of all new employees to the New Hire registry maintained by the California Employment Development Department.

Questions about the New Employee registry and reporting requirements are to be directed to the California Employment Development Department.

DRUG FREE WORKPLACE

Agency must provide a drug-free workplace by doing all of the following:

- publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's or organization's workplace and specifying the actions that will be taken against employees for violations of the prohibition.
- establishing a drug-free awareness program to inform employees about all of the following:
 - i. the dangers of drug abuse in the workplace
 - ii. the person's or organization's policy of maintaining a drug-free workplace.
 - iii. any available drug counseling, rehabilitation, and employee assistance programs.
 - iv. the penalties that may be imposed upon employees for drug abuse violations.
- requiring that each employee engaged in the performance of the MCH Allocation Plan and Budget or grant be given a copy of the statement required by the first bulleted item of this provision and that, as a condition of employment on the contract, grant, or any other agreement, the employee agrees to abide by the terms of the statement.
- agreeing that this MCH Allocation Plan and Budget is subject to suspension of payments or termination, or both, and the Agency may be subject to debarment, in accordance with the requirements of the Government Code Section 8350, et seq., if the Department determines that any of the following has occurred:
 - i. the Agency or grantee has made a false certification.
 - ii. the Agency violates the certification by failing to carry out the requirements of the above bulleted provisions of this clause.

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The offer or/Agency (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all subrecipients will certify accordingly.

CLEAN AIR AND WATER

The Agency agrees under penalty of perjury (it, he, she) is not in violation of any order or resolution which is not subject to review promulgated by the State Air Resources Board or an air pollution district.

The Agency agrees under penalty or perjury (it, he, she) is not subject to cease and desist which is not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions, or is not finally determined to be in violation of provisions of federal law relating to air or water pollution.

If the MCH Allocation Plan and Budget or subcontract exceeds \$100,000 or the MCH Allocation Plan and Budget is not otherwise exempt under 40 CFR 15.5., the Agency agrees as follows:

- to comply with all the requirements of Section 114 of the Clean Air act as amended (42 U.S.C. 7401 et seq., as amended by Public Law 95-95), and section 308 of the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq., as amended by Public Law 92-500), respectively, relating to inspection, monitoring, entry, reports, and information, as well as all other requirements specified in Section 114 and Section 308 of the Air Act and the Water Act, respectively, and all regulations and guidelines issued to implement those Acts before the award of this MCH Allocation Plan and Budget.
- that no portion of the work required by this MCH Allocation Plan and Budget will be performed in a facility listed on the Environmental Protection Agency List of Violating Facilities on the date when this allocation was awarded unless and until the Environmental Protection Agency eliminates the name of the facility or facilities from the listing.
- to use his best efforts to comply with clean air standards and clean water standards at the facility in which the MCH Allocation Plan and Budget is being performed. The terms used in this paragraph have the following meanings:
 1. the term 'clean air standards' means any enforceable rules, regulations, guidelines standards, limitations, orders, controls, or prohibitions or other requirements which are contained in, issued under, or adopted pursuant to the Clean Air Act.
 2. the term 'clean water standards' means any enforceable limitation, control, condition, prohibition, standard, or another requirement which is promulgated pursuant to the Clean Water Act or contained in a permit issued to a discharger by EPA or by the State under an approved program as authorized by Section 402 of the Clean Water Act (33 U.S.C. 1317), and regulations issued pursuant thereto.
 3. in addition to compliance with clean air and water standards, the term compliance also means compliance with a schedule or plan ordered or approved by a court of competent jurisdiction, the Environmental Protection Agency, or an air or water pollution control agency in accordance with the requirements of the Clean Air Act and the Federal Water Pollution Control Act.
- as a condition for the award of this MCH Allocation Plan and Budget, the applicant or Agency must notify the State of the receipt of any communication from the Assistant Administrator for Enforcement, U.S. EPA indicating that a facility to be utilized for the MCH Allocation Plan and Budget is under consideration to be listed on the EPA List of Violating Facilities. Prompt notification is required prior to MCH Allocation Plan and Budget award.

- to report violations to the State and to the Assistant Administrator for Enforcement.
- to insert the substance of the provisions of the third paragraph of this clause into any nonexempt subcontract, including this paragraph, and to take action as the Federal Government may direct as a means of enforcing provisions.

DEBARMENT AND SUSPENSION REQUIREMENTS

Agency agrees to comply with the debarment and suspension requirements as found in 7 Code of Federal Regulations, Part 3017, or an amended.

LIMITATIONS ON PAYMENTS TO INFLUENCE CERTAIN FEDERAL ACTIONS AND RELATED DISCLOSURES

(a) Definitions. As used in this Exhibit,

- Agency, as defined in 5 U.S.C. 552(f), includes federal executive departments and agencies as well as independent regulatory commissions and government corporations, as defined in 31 U.S.C. 9101(1).
- Covered Federal action means any of the following federal actions:
 - i. the awarding of any federal contract;
 - ii. the making of any federal grant;
 - iii. the making of any federal loan;
 - iv. the entering into of any cooperative agreement; and
 - v. the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan, or cooperative agreement.

Covered Federal action does not include receiving from an Agency a commitment providing for the United States to insure or guarantee a loan.

- Indian tribe and tribal organization have the meaning provided in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450B). Alaskan Natives are included under the definitions of Indian tribes in the Act.
- Influencing or attempting to influence means making, with the intent to influence, any communication to or appearance before an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with any covered Federal action
- Local government means a unit of government in a State and, if chartered, established, or otherwise recognized by a State for the performance of a government duty, including a

local public authority, a special district, an intrastate district, a council of governments, a sponsor group representative organization, and any other instrumentality of a local government.

- Officer or employee of an agency includes the following individuals who are employed by an agency:
 - (1). An individual who is appointed to a position in the Government under title 5, U.S. Code, including a position under a temporary appointment;
 - (2). a member of the uniformed services as defined in section 101(3), title 37, U.S. Code;
 - (3). a special government employee as defined in section 202, title 18, U.S. Code; and
 - (4). an individual who is a member of a Federal advisory committee, as defined by the Federal Advisory Committee Act, title 5, U.S. Code, Appendix 2.
- Person means an individual, corporation, company, association, authority, firm, partnership, society, State, and local government, regardless of whether the entity is operated for profit or not for profit. This term excludes an Indian tribe, tribal organization, or any other Indian organization with respect to expenditures specifically permitted by other Federal law.
- Reasonable compensation means, with respect to a regularly employed officer or employee of any person, compensation that is consistent with the normal compensation for the officer or employee for work that is not furnished to, not funded by, or not furnished in cooperation with the Federal Government.
- Reasonable payment means, with respect to professional and other technical services, a payment in an amount that is consistent with the amount normally paid for services in the private sector.
- Recipient includes the Agency or Grantee, and all subcontractors or subgrantees at any tier in connection with a Federal contract, grant, or other Federally funded activity. The term excludes an Indian tribe, tribal organization, or any other Indian organization with respect to expenditures specifically permitted by other Federal law.
- Regularly employed means, with respect to an officer or employee of a person requesting or receiving a Federal contract, an officer or employee who is employed by the person for at least 130 working days within one year immediately preceding the date of the submission that initiates agency consideration of the person for receipt of the contract. An officer or employee who is employed by the person for less than 130 working days within one year immediately preceding the date of the submission that initiates agency consideration of the person is considered to be regularly employed as soon as he or she is employed by the person for 130 working days.
- State means a State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, a territory or possession of the United States, an agency or instrumentality of a State, and a multi-State, regional, or interstate entity having governmental duties and power

(b) Prohibition

- (1) Section 1352 of title 31, U.S. Code provides in part that no appropriated funds may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered Federal actions: The awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) The prohibition does not apply as follows:
 - (i) Agency and legislative liaison by Own Employees.
 - (A) The prohibition on the use of appropriate funds, in paragraph (b)(1), does not apply in the case of a payment of reasonable compensation made to an officer or employee of a person requesting or receiving a Federal contract if the payment is for agency and legislative liaison activities not directly related to a covered Federal action.
 - (B) For purposes of paragraph (b)(2)(i)(A), providing any information specifically requested by an agency or Congress is allowable at any time.
 - (C) For purposes of paragraph (b)(2)(i)(A) of this section, the following agency and legislative liaison activities are allowable at any time only where they are not related to a specific solicitation for any covered Federal action:
 - (1) Discussing with any agency (including individual demonstrations) the qualities and characteristics of the person's products or services, conditions or terms of sale, and service capabilities; and,
 - (2) Technical discussions and other activities regarding the application or adaptation of the person's products or services for an agency's use.
 - (D) For purposes of paragraph (b)(2)(i)(A) of this section, the following agency and legislative liaison activities are allowable only where they are prior to formal solicitation of any covered Federal action:
 - (1) Providing any information not specifically requested but necessary for an agency to make an informed decision about initiation of a covered Federal action;
 - (2) Technical discussions regarding the preparation of an unsolicited proposal prior to its official submission; and,
 - (3) Capability presentations by persons seeking awards from an agency pursuant to the provisions of the Small Business Act, as amended by Public Law 95-507 and other subsequent amendments.
 - (E) Only those activities expressly authorized by paragraph (b)(2)(i) are allowable under paragraph (b)(2)(i).
 - (ii) Professional and technical services by Own Employees
 - (A) The prohibition on the use of appropriate funds, in paragraph (b)(1), does not apply in the case of any reasonable payment of reasonable compensation made to an officer or employee of a person requesting or receiving a Federal contract or an extension, continuation, renewal, amendment, or modification of a Federal contract if payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for

that Federal contract or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract.

- (B) For purposes of paragraph (b)(2)(ii)(A), professional and technical services will be limited to advice and analysis directly applying any professional or technical discipline. For example, drafting of a legal document accompanying a bid or proposal by a lawyer is allowable. Similarly, technical advice provided by an engineer on the performance or operational capability of a piece of equipment rendered directly in the negotiation of a contract is allowable. However, communications with the intent to influence made by a professional (such as a licensed lawyer) or a technical person (such as a licensed accountant) are not allowable under this section unless they provide advice and analysis directly applying their professional or technical expertise and unless the advice or analysis is rendered directly and solely in the preparation, submission or negotiation of a covered Federal action. Thus, for example, communications with the intent to influence made by a lawyer that do not provide legal advice and analysis directly and solely related to the legal aspects of his or her client's proposal, but generally advocate one proposal over another are not allowable under this section because the lawyer is not providing professional legal services. Similarly, communications with the intent to influence made by an engineer providing an engineering analysis prior to the preparation or submission of a bid or proposal are not allowable under this section since the engineer is providing technical services but not directly in the preparation, submission or negotiation of a covered Federal action.
- (C) Requirements imposed by or pursuant to law as a condition for receiving a covered Federal award include those required by law or regulation, or reasonably expected to be required by law or regulation, and any other requirements in the actual award documents.
- (D) Only those services expressly authorized by paragraph (b)(2)(ii) are allowable under paragraph (b)(2)(ii).

(iii) Reporting for Own Employees.

No reporting is required with respect to payments of reasonable compensation made to regularly employed officers or employees of a person.

(iv) Professional and technical services by Other than Own Employees.

- (A) The prohibition on the use of appropriated funds, in paragraph (b)(1), does not apply in the case of any reasonable payment to a person, other than an officer or employee of a person requesting or receiving a covered Federal action, if the payment is for professional or technical services rendered directly in the preparation, submission, or negotiation of any bid, proposal, or application for that Federal contract or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract.
- (B) For purposes of paragraph (b)(2)(iv)(A), professional and technical services will be limited to advice and analysis directly applying any professional or technical discipline. For example, drafting of a legal document accompanying a bid or proposal by a lawyer is allowable. Similarly, technical advice provided by an engineer on the performance or operational capability of a piece of equipment rendered directly in the negotiation of a contract is allowable. However, communications with the intent to influence made by a professional (such as licensed lawyer) or a technical person (such as a licensed accountant) are not allowable under this section unless they provide advice and analysis directly applying their professional or technical expertise and unless the advice or

analysis is rendered directly and solely in the preparation, submission or negotiation of a covered Federal action. Thus, for example, communications with the intent to influence made by a lawyer that do not provide legal advice or analysis directly and solely related to the legal aspects of his or her client's proposal, but generally advocate one proposal over another are not allowable under this section because the lawyer is not providing professional legal services. Similarly, communication with the intent to influence made by an engineer providing an engineering analysis prior to the preparation or submission of a bid or proposal are not allowable under this section since the engineer is providing technical services but not directly in the preparation, submission or negotiation of a covered Federal action.

- (C) Requirements imposed by or pursuant to law as a condition for receiving a covered Federal award include those required by law or regulation, or reasonably expected to be required by law or regulation, and any other requirements in the actual award documents.
 - (D) Persons other than officers or employees of a person requesting or receiving a covered Federal action include consultants and trade associations.
 - (E) Only those services expressly authorized by paragraph (b)(2)(iv) of this section are allowable under paragraph (b)(2)(iv).
- (v) The prohibition on use of Federal appropriated funds does not apply to influencing activities not in connection with a specific covered Federal action. These activities include those related to legislation and regulations for a program versus a specific covered Federal action. (55 Fed. Reg. 24542 (June 15, 1990).)
- (c) Certification and Disclosure.
- (1) Each person (or recipient) who requests or receives a contract, subcontract, grant, or subgrant, which is subject to section 1352 of title 31, United States Code, and which exceeds \$100,000 at any tier, must file a certification (in the form set forth in Attachment 1, consisting of one page, entitled Certification Regarding Lobbying) that the recipient has not made, and will not make, any payment prohibited by paragraph (b) of this Exhibit.
 - (2) Each recipient must file a disclosure (in the form set forth in Attachment 2 consisting of three pages, entitled Standard Form-LLL-Disclosure of Lobbying Activities) if the recipient has made or has agreed to make any payment using nonappropriated funds (to include profits from any covered Federal action) in connection with a contract or grant or any extension or amendment of that contract or grant, which would be prohibited under paragraph (b) of this Exhibit if paid for with appropriated funds.
 - (3) Each recipient must file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or the materially affects the accuracy of the information contained in any disclosure form previously filed by the person under paragraph (c)(2). An event that materially affects the accuracy of the information reported includes:
 - (i) A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered Federal action; or
 - (ii) A change in the person(s) or individual(s) influencing or attempting to influence a covered Federal action; or,
 - (iii) A change in the officer(s), employee(s), or Member(s) contacted for the purpose of influencing or attempting to influence a covered Federal action.

(4) Each person (or recipient) who requests or receives from a person referred to in paragraph (c)(1) of this section a contract, subcontract, grant, or subgrant exceeding \$100,000 at any tier under a contract or grant must file a certification, and disclosure form, if required, to the next tier above.

(5) All disclosure forms (but not certifications) must be forwarded from tier to tier until received by the person referred to in paragraph (1) of this section. That person must forward all disclosure forms to the State agency.

(d) Agreement.

In accepting any contract, grant, subcontract or subgrant subject to this Exhibit, the recipient (and any person submitting an offer for a contract or grant) agrees not to make any payment prohibited by law or this Exhibit.

(e) Penalties

(1) Any person who makes an expenditure prohibited under paragraph (b) of this Exhibit is subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each expenditure.

(2) Any person who fails to file or amend the disclosure form to be filed or amended if required by this Exhibit, is subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

(3) Recipients may rely without liability on the representations made by their subcontractors or subgrantees in the certification and disclosure form.

(f) Cost allowability.

Nothing in this Exhibit is to be interpreted to make allowable or reasonable any costs which would be unallowable or unreasonable in accordance with Part 31 of the Federal Acquisition Regulation. Conversely, costs made specifically unallowable by the requirements in this Exhibit will not be made allowable under any of the provisions of Part 31 of the Federal Acquisition Regulation.

SEXUAL HARRASSMENT

It is the policy of DHS that all employees have a right to work in an environment free from all forms of discrimination, including sexual harassment, intimidation or coercion. Sexual harassment is prohibited by Title VII of the Civil Rights Act of 1964, as amended, and the Fair Employment and Housing Act. It is also specifically prohibited by the Equal Employment Opportunity Commission and the Department of Fair Employment and Housing guidelines.

DHS has taken an unequivocal stance that sexual harassment is unacceptable, illegal, and will not be tolerated. All employees are responsible for helping to ensure that sexual harassment does not occur by conducting themselves in an appropriate manner and by reporting harassment they observe. Disciplinary action, up to and including dismissal, will be taken against those individuals determined to be in violation of this policy.

This sexual harassment policy extends to the conduct of DHS supervisory and nonsupervisory personnel, contractors, vendors, clients and customers. Although the general public is not covered under this policy, employees acting in the capacity of a state employee who violate this policy by sexually harassing visitors or other individuals affiliated with DHS are subject to disciplinary action.

Sexual harassment is generally defined as unsolicited and unwelcome sexual advances of a severe or pervasive nature, whether they are written, verbal, physical or visual. The offense usually occurs when:

- submission to that conduct or communication is made either explicitly or implicitly a term or condition of employment;
- submission to or rejection of that conduct or communication by an employee is used as a basis for employment decisions affecting the employee (known as “quid pro quo” sexual harassment which usually involves some type of threat or reward); or
- such conduct or communication has the purpose, effect or potential to affect an employee’s performance negatively or create an intimidating, hostile or otherwise offensive work environment (known as hostile environment sexual harassment).

The following are examples of sexual harassment prohibited by this policy:

- unwanted sexual advances (this may include continuing expressions of sexual interest after being informed that the interest is unwelcome or situations which began as reciprocal attractions, but later ceased to be reciprocal).
- leering, staring in a sexual manner or whistling at another person.
- displaying sexually suggestive objects, pictures, cartoons or posters.
- communication of a sexual nature, sexually explicit jokes, sexual gestures and comments, sexually suggestive letters, notes, invitations, e-mail, voice mail or gifts.
- reprisals or threats after a negative response to sexual advances.
- Employment benefits affected in exchange for sexual favors (may include situations where a third party is treated less favorably because others have acquiesced to sexual advances).
- physical assaults, such as rape, sexual battery or attempts to commit these assaults or, intentional physical conduct such as impeding or blocking movement, or touching or brushing against another employee’s body.
- hazing of opposite-sex employees (usually occurs in non-traditional jobs, e.g., females in trades or males in nursing).
- derogatory comments or jokes regarding an individual’s sexual orientation.

Whether or not conduct constitutes sexual harassment may depend on the context in which the conduct takes place and how that conduct is viewed by the employee who is subjected to that conduct. Any employee who initiates or persists in the conduct that is viewed by another as being of a sexual nature assumes the risk of liability and the possible penalties for conduct which has the effect of sexual harassment regardless of the employee’s intent.

This policy prohibits retaliation of any kind against individuals who file sexual harassment charges or assist in an investigation. An employee bringing a sexual harassment complaint or assisting in the investigation of a complaint will not be adversely affected in the terms and conditions of employment, nor discriminated against or discharged because of the complaint. If after a thorough investigation, retaliation is found to have occurred, appropriate disciplinary action will be taken against the party accused.

MAILING ADDRESS

All official correspondence must be sent to:

**Department of Health Services
Maternal and Child Health Branch
Operations Section
Attn: Name of Contract Manager
714 "P" Street, Room 708
Sacramento, CA 95814**

GLOSSARY

ACTION PLAN	See Community Profile and Local MCH Plan
ACTUAL COST	The actual price paid for real bona fide purchase costs of goods and services pursuant to the conduct of the MCH Allocation Plan and Budget.
AGENCY	A local health jurisdiction, i.e., city or county health department, responsible for the public health needs in that designated geographic area.
ALLOCATION PLAN AND BUDGET	The agreement between the MCH Branch and the Agencies to administer MCH programs. This includes, but is not limited to, the SOW, Budget Documents, Policies and Procedures.
ALLOWABLE COST	Costs incurred which are necessary to carry out the approved MCH Allocation Plan and Budget.
AUTOMATED VITAL STATISTICS SYSTEM (AVSS)	A system for automated entry of birth certificate data by hospitals and counties. Data in the system are electronically forwarded from hospitals to local registrars and on to the State Registrar. Additionally, AVSS data files may be made available at the local level for use with AVSS utilities to list and tabulate data, or for use with other software.
BASE COST PER UNIT	The purchase price of an item, excluding tax, delivery, installation charges, etc.
BIRTH COHORT FILE	Combines birth records for all infants born in a calendar year with infant death records for any of those infants who died within the first year of life. It includes maternal race/ethnicity and other data from the birth certificate.
BLACK INFANT HEALTH (BIH) COORDINATOR	The person, in collaboration with the MCH Director, responsible for the implementation of the Black Infant Health Program in the local health jurisdiction.
BUDGET REVISION	A change in the previously approved Budget Documents.
CAPITAL EXPENDITURES	Items with a base cost per unit of \$5,000 or more and a useful life expectancy of four or more years, including telecommunications, and Electronic Data Processing/Automated Data Processing software having a base cost per unit of \$5000 or more.

COMMUNITY HEALTH ASSESSMENT	Description of the complete process of needs assessment and analysis involving the maternal and child health status and health service delivery, serving as the reference point for program planning. Community Health Assessment includes the Community Profile as well as an assessment of the health service system and community strengths or resources available to meet the identified needs. The use of the term in this manner is consistent with national usage.
COMMUNITY PROFILE	Description of the principle characteristics important to understanding the health needs of the entire jurisdiction.
COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP)	Obstetrical, psychosocial, nutritional and health education services, and related case coordination provided by or under the personal supervision of an approved CPSP provider during pregnancy and 60 calendar days following delivery.
CONFIDENTIAL INFORMATION	Any information containing patient identifiers, including but not limited to: <ul style="list-style-type: none"> • name • address • telephone number • social security number • medical identification number • driver's license number
CONTACT PERSON	A person appointed by the Agency to interact with MCH Branch and Agency personnel in the on-going information management concerning the MCH Program.
EFFECTIVE PRACTICE INTERVENTION	A constructed BIH curriculum that articulates guidelines identified as successful strategies or best practice based on findings in researched literature and local service experience. For BIH purposes, the interventions are those developed by Model Developers, and approved by the MCH Branch. Specific Effective Practice Interventions are: <ul style="list-style-type: none"> • Case Management, • Health Behavior Modification, • Prenatal Care/Outreach, • Social Support and Empowerment, • Prevention, and • Role of Men.
ELECTRONIC MEDIA	Information conveyance vehicles such as, but not limited to, diskettes, CD ROM, e-mail, etc.
ENHANCED FUNDING	Federal Title XIX reimbursement of eligible approved costs at the ratio of 75 percent federal dollars to 25 percent State or Agency dollars.

EPI-INFO/BC	A computer software program developed to assist in the epidemiological analysis of MCH data, permitting the local MCH program to; import electronic birth certificate data; review birth electronic records; report on birth certificate data, including generating a variety of tables; graph birth certificate data as pie charts and bar graphs; map birth certificate data by zip code and by census tract.
FEDERAL FINANCIAL PARTICIPATION	A funding mechanism used to generate additional revenue by matching Agency or State dollars with federal Title XIX dollars at an Enhanced and/or Non-enhanced rate for the proper and efficient administration of the Medi-Cal program.
FAMILY HEALTH OUTCOMES PROJECT (FHOP)	A project funded by the MCH Branch that has developed MCH data templates and provides ongoing training to assist local Agency's capacities to accomplish comprehensive needs assessment as part of the MCH Planning process
FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR	The person, in collaboration with the MCH Director, is responsible for the implementation of the Fetal Infant Mortality Review Program in the local health jurisdiction.
FRINGE BENEFITS	Employer contributions for employer portion of payroll taxes (i.e., FICA, SUI, SDI, Training), Employee health plans (i.e., health, dental, and vision) Unemployment insurance Workers compensation insurance, and Employer's portion of pension/retirement plans provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.
FTE	Full-Time-Equivalent means a standard eight-hour workday; 40 hours per week; or 2,080 hours per year.
GOALS	Goals are overall statements of the mission and purpose of the program or an individual program component.
GOOD CAUSE	<p>Circumstances which are beyond the control of the agency and includes but is not limited to:</p> <ul style="list-style-type: none"> • Damage to or destruction of the Agency's business office and/or records by a natural disaster, including fire, flood, or earthquake or when circumstances involving such disaster have substantially delayed Agency's operations, • Theft, sabotage, or other deliberate, willful acts by an employee that have been reported to the appropriate law enforcement or fire agency when applicable, • Other circumstances that are clearly beyond the control of the Agency that have been reported to the appropriate law enforcement or fire agency when applicable, • Failure by the MCH Branch to fully execute the MCH Allocation Plan and Budget later than six months after the MCH Allocation Plan and Budget start date, • Untimely illness or absence of any employee trained to prepare invoices, reports, or Budget Revisions. (This does not include an Agency vacancy. All circumstances

will be reviewed and approved/disapproved on a case-by-case basis by MCH Branch management.), and/or

- Failure by the MCH Branch to fully execute revisions before the MCH Allocation Plan and Budget's termination, expiration date, or fiscal year end.

INDIRECT COSTS	Those costs which are within the Agency and cannot be clearly identified as expenses to direct program costs. The calculation is based on Total Wages (excluding benefits) from the Personnel Detail Worksheet.
INVENTORY-CONTROLLED ITEMS	Includes, but is not limited to, computers, audio, visual and telecommunications items (including Personal Digital Assistant's (PDA's) having a base unit cost of less than \$5,000; furniture having a base unit cost of more than \$500 and any additional items as requested by the agency.
JOB SPECIFICATIONS	County civil service classification describing standard educational and experience requirements for appointment to specific positions. Sometimes referred to as a classification specification.
LOCAL HEALTH JURISDICTION	See Agency.
LOW INCOME	A person or family member, who has been determined by the Agency, through an established screening procedure to be at or below two hundred percent (200%) of the Federal Poverty Income Guidelines in effect during the term of this MCH Allocation Plan and Budget.
MCH DIRECTOR	The individual appointed by the Agency who is responsible for carrying out the terms and conditions of the MCH Allocation Plan and Budget.
MCH DUTY STATEMENTS	Defined activities specific to program and position requirements and are considered legal and contractual obligations which can be audited.
MCH INFRASTRUCTURE	An underlying foundation or basic framework developed by building on and broadening the work of local collaborators to advise and support local programs in the expansion of services for MCH populations.
MCH ORGANIZATIONAL CHART	A diagram illustrating the interrelationship of the local health jurisdiction staff associated with all MCH-funded programs.
MCH POPULATION	MCH populations include all women of childbearing age, infants, children and adolescents with emphasis placed on the needs of low-income women and their children.
MCH YEAR 2000 PLAN	California's five year strategic plan to address the health needs of women and children of the state. It is the basis upon which the MCH Program functions.

MEDI-CAL ELIGIBLE	Individuals who have applied for and been granted Medi-Cal benefits, as well as the Medi-Cal potential eligible population. (i.e., the population at the poverty rate qualified to receive Medi-Cal benefits.
NON-ENHANCED FUNDING	Federal Title XIX reimbursement of eligible approved cases at the ratio of 50 percent federal dollars to 50 percent State or Agency dollars.
PERINATAL OUTREACH AND EDUCATION (POE)	A program funded by Cigarette and Tobacco Tax (Prop 99) dollars for the purpose of funding programs that assess women of child-bearing age for tobacco use, the use of other substances that increase the risks of poor pregnancy outcomes, and stress the importance of early and continuous prenatal care.
PERINATAL OUTREACH AND EDUCATION COORDINATOR	The person, in collaboration with the MCH Director, responsible for the implementation of the Perinatal Outreach and Education and Program in the local health jurisdiction.
PERINATAL SERVICES COORDINATOR (PSC)	The person, in collaboration with the MCH Director, responsible for the implementation of the Comprehensive Perinatal Services Program in the local health jurisdiction.
PROGRAM COORDINATOR	The individual appointed by the Agency to administer the associated program activities stated in the approved Allocation Plan and Budget.
SATISFACTORY	When used in regard to progress reports, adequate information has been provided to the MCH Branch and allows the MCH Branch to assess the Agency's progress in meeting goals and objectives in the SOW/Workplan.
SCOPE OF WORK	A component in the MCH Allocation Plan and Budget which (SOW) contains the goals, objectives and methods of evaluation to be met under the terms and conditions of this MCH Allocation Plan and Budget.
SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)	See FFP Guidelines for an extensive definition and a listing of qualifying personnel
SOW REVISIONS	A change in the previously approved SOW.
SUBCONTRACT	A written agreement between the Agency and a subcontractor specifically related to securing or fulfilling the Agency's obligation to the MCH Branch under the terms of this MCH Allocation Plan and Budget.
SUBCONTRACTOR	Any non-county employed personnel, staff or entity which has entered into a subcontract with the Agency specifically related to securing or fulfilling the Agency's obligation to complete the SOW under the terms of the MCH Allocation Plan and Budget.

TITLE V	Unmatchable federal MCH Block Grant funds authorized under Title V of the federal Social Security Act.
TITLE XIX FUNDS	Federal Medicaid money obtained under Title XIX of the federal code by means of State and/or local revenue match for costs of activities related to eligible and potentially eligible Medi-Cal women and children.
UNREIMBURSED INDIRECT EXPENSE	Agency Indirect Expense that is not included in the Indirect Expense budget line item.
WORKS	All literary works, writings and printed matter including the medium by which it is recorded or reproduced, including but not limited to procedural manuals, forms, diagrams, work flow charts, equipment descriptions, data, data files or data bases, research and reports, photographs, art work, pictorial and graphic representations and works of a similar nature, motion pictures, videotapes and other audiovisual works, sound recordings, tapes, educational materials, original computer programs (including executable computer programs and supporting data in any form) and any other materials or products created, produced, conceptualized, developed, or delivered as a result of this MCH Allocation Plan and Budget (whether or not copyrighted or copyrightable). It includes final products and any materials and information developed for the purpose of producing those final products.

WRITING OBJECTIVES FOR THE SCOPE OF WORK

Objectives are specific to an identified problem. The outcome is measurable within a designated time period.

One measurable result of an objective may be to establish a structure in which to offer a program or services. A second measurable result of an objective may be to assure access to and use of the program or services (process). When programs are in place and access and use of the program by the targeted population is assured, the objective will measure the health outcome for the population served. A Scope of Work may contain structure, process and outcome objectives.

Activities are statements that indicate the steps toward meeting the objective.

Methods of evaluating the objective are listed in the final column of the SOW.

The following are examples of each type of objective with activities, time line and methods of evaluation. In this example, the health jurisdiction had data on rates of unintentional injury to children from bicycles. They decided that a bicycle helmet program might decrease the rate of injury. NOTE: In small health jurisdictions where almost all targeted populations are served, percents served will not be calculated, but numbers served will be reported.

For the first year, they wrote an objective to establish the program; i.e. a structure for the program.

Objective	Activities	Time Line	Method of Evaluation
5. Establish a bicycle safety program, including the appropriate use of bicycle helmets for low-income children up to age 12 and their parents.	5.a. Develop a curriculum in 3 languages 5.b. Hold (number) classes. 5.c. Distribute bicycle helmets to participants.	5. 7-1-98 to 6-30-99	5.a. Document activities by maintaining the following in a file: 1. Curriculum 2. Marketing strategies 3. Number of classes held. 5.b. Summarize in semi-annual report the children's and parent's evaluation of course

By the end of the first year and into the second and third years, they wrote process and outcome objectives to assess access to the program, satisfaction with the program and finally the impact or outcome of the program on the rates of morbidity and mortality from children riding bicycles.

Objective	Activities	Time Line	Method of Evaluation
5. Enroll ____ (number or percent) of low-income children up to age 12 and their parents in a bicycle safety program, including the appropriate use of bicycle helmets.	5. a. Define the population of low-income children to be targeted by the program. 5. b. Reach the population using appropriate marketing strategies. 5.c. Hold (number) classes.	5. 7/1/99 to 6/30/2000	5.a. Report the number of children participating as a percent of the targeted population. 5.b. Report the number of bicycle helmets distributed.
5. Reduce by ____ percent, morbidity and mortality due to bicycle injuries among low-income children up to age 12.	5.a. Enroll ____ percent of the targeted population and their parents in a bicycle safety program. 5.b. Include the proper use of bicycle helmets in the safety program. 5.c. Monitor morbidity and mortality from bicycle injuries using (list data sources; i.e., hospital discharge data; child mortality review data; etc.).	7/1/2000 to 6/30/2001	5. Report child morbidity and mortality from bicycle injuries as a percent change from (previous year or years).

MCH RESOURCES

Qualitative data are those data that describe a health indicator, use of health services, or health care resources in words rather than numbers. These data come from many sources, including but not limited to case studies, surveys, interviews, focus groups, and stories in the media. The source of qualitative data may be clients or providers of services, political and policy groups, and community organizations, including religious groups. Qualitative data may increase the amount and depth of information on some aspect of health of the MCH population or services provided.

Quantitative data are appropriate when persons, resources, and events can be counted. The advantages and disadvantages of the sources of these data are known.

Recommended data sources include:

- California Vital Statistics (Health Data Summaries for California Counties)
- California Department of Finance, State Census Data
- Birth certificate data obtained via Birth Net or AVSS
- California Birth/Death Cohort Files (MCH Branch)
- The certificate of death for each infant dying in the first twelve months of life is linked to his/her certificate of live birth. This enables the study of the relationship between risk antecedents and infant mortality, by county, using all the information on the birth and death certificates.
- Fetal Infant Mortality Review (MCH Branch)
- Pregnancy Risk Assessment Monitoring System (MCH Branch) This is a population surveillance system containing behavior information as self reported by mothers.
- Improved Perinatal Outcomes Data Management Project (Jeffrey Gould, M.D., M.P.H., Program in Maternal and Child Health, School of Public Health, University of California, Berkeley)
- Birth certificate information by ZIP code, includes mapping.
- California Hospital Discharge Data (Office of State Health Planning and Development, OSHPD)
- Microcomputer Injury Surveillance System (MISS)
- Hospitalization Injury Surveillance System (HISS)
- Satewide Integrated Traffic Record System (California Highway Patrol)
- Family Health Outcomes Project (FHOP)
3333 California Street, Suite 365
San Francisco, CA 94118
(415) 476-5283 FAX: (415) 502-0848
 - a) Selecting Health Indicators for Public Health Surveillance in a Changing Health Care Environment, Family Health Outcomes Project, 1997
 - b) Epi BC Manual, FHOP, 1997
 - c) Epi HOSP, FHOP, 1997
 - MCH County Data Book

Agency #	Agency Name	Toll-Free Phone Number
1	Alameda	(800) 427-7937
2	Alpine	(800) 292-2156
3	Amador	(209) 223-6563 Collect
4	Butte	(800) 399-2941
5	Calaveras	(800) 754-8889
6	Colusa	(800) 655-3110
7	Contra Costa	(800) 696-9644
8	Del Norte	(707) 464-3191 Collect
9	El Dorado	(800) 844-4491
10	Fresno	(800) 640-0333
11	Glenn	(800) 655-5418
12	Humboldt	(800) 698-0843
13	Imperial	(800) 478-4650
14	Inyo	(800) 447-0708
15	Kern	(800) 974-2717
16	Kings	(800) 649-5399
17	Lake	(800) 794-9291
18	Lassen	(800) 838-1223
19	Los Angeles	(800) 422-2968
20	Madera	(800) 427-6887
21	Marin	(800) 230-2955
22	Mariposa	(800) 459-4466
23	Mendocino	(800) 734-7793
24	Merced	(800) 649-6849
25	Modoc	(800) 762-3003
26	Mono	(760) 924-5410 Collect
27	Monterey	(800) 339-8228
28	Napa	(800) 464-4213
29	Nevada	(800) 371-6662
30	Orange	(800) 568-8448
31	Placer	(800) 829-7199
32	Plumas	(800) 801-6330
33	Riverside	(800) 794-4814
34	Sacramento	(888) 875-2229
35	San Benito	(800) 756-0385
36	San Bernardino	(800) 227-3034
37	San Diego	(800) 675-2229
38	San Francisco	(800) 300-9950
39	San Joaquin	(800) 698-2304
40	San Luis Obispo	(800) 660-3313
41	San Mateo	No Number available at this time

Agency #	Agency Name	Toll-Free Phone Number
42	Santa Barbara	(800) 288-8154
43	Santa Clara	(800) 310-2333
44	Santa Cruz	(831) 454-4339 Collect
45	Shasta	(800) 300-5122
46	Sierra	(530) 993-6700 Collect
47	Siskiyou	(800) 442-2333
48	Solano	(800) 794-7422
49	Sonoma	(800) 427-8982
50	Stanislaus	(800) 834-8171
51	Sutter	(800) 371-3177
52	Tehama	(800) 655-6854
53	Trinity	(800) 766-6147
54	Tulare	(800) 834-7121
55	Tuolumne	(800) 585-6606
56	Ventura	(800) 781-4449
57	Yolo	(800) 794-8517
58	Yuba	(800) 794-4067
59	City of Berkeley	No Number available at this time
60	City of Long Beach	(800) 832-2307
61	City of Pasadena	(800) 304-0015

REGULATIONS

SEC. 19. Section 123255 is added to the Health and Safety Code, to read:

123255.

- (a) The department may maintain a maternal and child health program in each county.
- (b) Notwithstanding any other provision of law, the department may allocate, for the purposes of maintaining a maternal and child health program, to a county an amount determined in a manner as the director shall provide. The total of all county allocations shall not exceed the annual appropriation for this purpose.
- (c) To be considered for an allocation, the county's governing board shall submit a plan and budget for the county's program in accordance with maternal and child health plans and priorities to be approved by the department under Title V of the Public Health Service Act (42 U.S.C. Sec. 701 et seq.). The department shall establish the procedures and format for submission of the plan and budget. The plan shall conform to the department's maternal and child health priorities that are in accordance with the core public health functions of needs assessment, policy development, and assurance.
- (d) The department shall establish minimum standards that govern the basis for allocations to counties, including, but not limited to, the services to be provided, administration, staffing, fiscal accountability, and eligibility for services. The department may recoup or withhold all or part of a county's allocation for failure to comply with those standards.
- (e) There shall be no reimbursement for any of the following:
 - (1) Projects or programs identified unless previously approved by the department as part of the maternal and child health plan.
 - (2) Capital improvements.
 - (3) The purchase of construction of buildings except for the equipment items and remodeling expenses as may be allowed by the department on a case-by-case basis.
- (g) The department and counties shall maximize the use of federal funds available to implement this section, including using state or county funds to match funds claimable under Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.).
- (h)
 - (1) For purposes of this program, the department shall reimburse a county pursuant to this section in lieu of renewing or commencing a cooperative agreement with a county for the operation of a maternal and child health program.
 - (2) It is the intent of the Legislature that cooperative agreements between the department and a county for the operation of a maternal and child health program pursuant to this section be replaced by the process described in this section beginning with the 1997-98 fiscal year.

123279

- (a) It is the intent of the Legislature in adding this section to authorize the establishment of a program designed to implement the federal WIC Farmers' Market Nutrition Act of 1992 (Public Law 102-314), which is designed to accomplish the following:
 - (1) Provide resources to persons who are not nutritionally at risk, in the form of fresh, high-quality agricultural products from certified farmers' markets.
 - (2) Expand the awareness and use of certified farmers' markets and increase sales at those markets.
- (b) The department may establish a program designed to implement the federal WIC Farmers' Market Nutrition Act of 1992.
- (c) If the program is established, the department shall develop criteria to permit any producer authorized by the department to participate in the program to sell fresh nutritious foods to recipients in exchange for nutrition coupons.
- (d) If the program is established, the department shall authorize local agencies to distribute nutrition coupons to all.

ADVANCED PRACTICE NURSE TRAINING (APN)

GOAL

To ensure an adequate number and distribution of qualified advanced practice nurses for the delivery of maternal and child health (MCH) services to underserved and low-income women and children in California.

PROBLEM

Access to quality health care services for women of childbearing age and children continues to be a problem in many areas of the state, due to the shortage of appropriately trained advanced practice nurses who have the appropriate cultural and language services for California's diverse populations.

According to the federal Health Resources and Services Administration, health professional shortage may include: 1) urban and rural geographical areas, 2) population groups, and 3) facilities with shortages of health professionals,

PROGRAM ACTIVITIES

- Provide educational programs to registered nurses, which will lead to a certificate in Advanced Practice Nursing in one of four specialty fields:
 - Certified Nurse Midwife
 - Women's Health Nurse Practitioner
 - Pediatric Nurse Practitioner
 - Advanced Practice Nurse with School Nurse Credential
- Establish and maintain linkages with underserved communities and/or school based health care settings. Priority is given to clinics that provide quality primary care to diverse underserved populations such as county clinics, Indian Health Service facilities, and school-based clinics in public high schools.
- Keep in touch with program graduates to determine what most influenced them to work in underserved areas.

WHO BENEFITS

Women of childbearing age, infants, and children who would otherwise not have quality primary medical care services.

WHO PROVIDES SERVICES

Graduate nursing programs in colleges and universities, which have programs meeting the licensing and accreditation criteria of the California Board of Registered Nursing. There are currently contracts with 8 institutions:

- University of California San Francisco Graduate School of Nursing and UCSF Nurse Midwifery Education Program
- Harbor/University of California Los Angeles
- California State University – Long Beach
- California State University – Fresno
- University of Southern California
- University of California San Diego Nurse Midwifery Education Program
- University of California Los Angeles Graduate School of Nursing
- Charles Drew University of Medicine and Science

FUNDING

Federal Title V Maternal and Child Health Block Grant

BATTERED WOMEN SHELTER PROGRAM (BWS)

GOAL

Expand shelter-based domestic violence services to battered women and their children.
Prevent domestic violence in California.

PROBLEM

- Domestic violence is the leading cause of injury to women between ages 15 and 44 in the U.S.
- More than one-third of all women seeking emergency medical care in 1994 were survivors of domestic violence.
- In 1998 approximately 196,832 incidents of domestic violence were reported to law enforcement in California and 56,892 domestic violence arrests were made.
- In 1998 6.0 percent of California women were victims of domestic violence.

PROGRAM ACTIVITIES

- Shelter-based services include emergency shelter, transitional housing, legal assistance, counseling, and community response teams.
- Expansion of the services of existing shelters to meet the comprehensive needs of battered women and their children and ensure access to unserved/underserved populations, e.g. teens, women with disabilities, lesbians, multicultural populations.
- Funding of non-profit agencies to implement innovative, community-specific projects, which prevent domestic violence, such as programs for local community awareness, teenagers, and preschool children.
- Statewide technical assistance and training to shelter staff and other domestic violence service providers.
- A data collection and evaluation system of domestic violence service providers.
- Comprehensive programs to decrease community tolerance of domestic violence.

WHO BENEFITS

Women, children, teens and California communities, since domestic violence is a societal problem as well as an individual problem.

WHO PROVIDES SERVICES

Dedicated staff and trained volunteers in 153 programs:

91 shelters providing direct services to battered women and their children; 15 shelters and community-based partner agencies funded to reach unserved/underserved populations; 32 agencies conducting community domestic violence prevention programs; 13 agencies providing statewide technical assistance and training; and 2 contractors conducting evaluation and data collection.

FUNDING

State General Funds.

CALIFORNIA DIABETES AND PREGNANCY PROGRAM (CDAPP) **OR “SWEET SUCCESS”**

GOAL

Reduce deaths and medical problems of mothers and infants among pregnant women who have diabetes.

PROBLEM

Diabetes is a complication for 5-10 percent of women during pregnancy. Diabetes may be present before pregnancy, or appear during pregnancy (gestational diabetes mellitus, GDM). The infants of pregnant women with diabetes are at high risk for congenital malformations and stillbirth. Maternal complications, fetal loss, and congenital malformations can be prevented with appropriate prenatal care and diabetes control.

PROGRAM ACTIVITIES

- Comprehensive individualized services such as outpatient health education, nutrition, psychosocial, and medical services to pre-pregnant and pregnant women with diabetes.
- Consultation and technical assistance to affiliates who provide clinical care to pregnant women with diabetes.
- Development of professional and patient education services, materials and resources, including *The Guidelines for Care*, ethnic/language specific materials for high-risk populations, and the web site.
- Developing appropriate cultural and ethnic services for the diverse California population such as educational activities to promote awareness of the importance of preconception care for women with pre-existing diabetes.
- Collaboration with the Comprehensive Perinatal Services Program (CPSP), the Diabetes Control Program (DCP) and other appropriate networks.

WHO BENEFITS

- The 5-10 percent of California women who have diabetes during pregnancy, and their infant. Approximately half of these women are Medi-Cal beneficiaries.
- Cost saving to all Californians since every \$1.00 spent on the program saves over \$5.00 in other costs.

WHO PROVIDES SERVICES

The CDAPP (also known as “Sweet Success”) have relationships with providers (Affiliates) within their regions who provide comprehensive care by physicians, nurses, dieticians, social workers, and other health care professionals.

FUNDING

Federal Title V Maternal and Child Health Block Grant

CHILDHOOD INJURY PREVENTION PROGRAM (CIPP)

GOAL

Prevent intentional and unintentional injuries to children and youth in California.

PROBLEM

- Injuries are the leading cause of death for California children over the age of one year.
- In 1998 there were 2,000 fatal and 37,772 hospitalized, (non-fatal) injuries in children ages 0-20 years old.
- Medical bills for children hospitalized for injuries in 1996 amounted to \$620 million, an average of \$16,321 per hospitalized child.
- The most frequent fatal injuries of children are due to homicide, motor vehicles, suicide, and drowning.

PROGRAM ACTIVITIES

- Public awareness activities about the importance and preventable nature of injuries.
- Development of coalitions at the local, state, and regional levels.
- Annual Statewide Injury Prevention Conference.
- Technical assistance to state and local programs including a web site: www.cccip.org
- Public education and new laws to change people's behavior and the environment (e.g., pool barriers, bicycle helmets, seat belts, car seats, and reduced access to guns for children).

WHO BENEFITS

All children and families in California since serious childhood injuries are so common and costs affect everyone.

WHO PROVIDES SERVICES

State and local health department staff who incorporate injury prevention into their program activities. State staff and consultants from the California Center for Childhood Injury Prevention who provide technical assistance, produce the annual conference and work in coalitions.

FUNDING

Federal Title V Maternal and Child Health Block Grant

COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP)

GOAL

Improve the health of low-income pregnant women and give their babies a healthy start in life.

PROBLEM

- Low-income women and their infants are at higher risk for problems related to pregnancy and delivery, including low birth weight.
- Low birth weight infants have an increased risk of death and permanent disability.
- The care of low birth weight infants involves major costs to society.

PROGRAM ACTIVITIES

Medi-Cal-eligible women receive comprehensive services, which include prenatal care, health education, nutrition services, and psychosocial support for up to 60 days after delivery of their infants.

WHO BENEFITS

Medi-Cal-eligible women who receive the services of the Comprehensive Perinatal Services Program (CPSP).

WHO PROVIDES SERVICES

- Over 1,467 Medi-Cal providers, in both the fee-for-service and managed care systems, who are approved as CPSP providers.
- Practitioners include physicians, nurse midwives, physician assistants, nurses, social workers, health educators, nutritionists, and comprehensive perinatal health workers.
- County health departments assist local providers in meeting CPSP certification requirements and provide them technical assistance after they are certified.

FUNDING

Federal Title V Maternal and Child Health Block Grant, Federal Title XIX (Medicaid) funds, and State General Funds.

ORAL HEALTH PROGRAM (OHP)

GOAL

- Increase the number of children receiving preventive dental services such as fluoride and sealants.
- Promote effective dental health practices among parents, childcare providers, Maternal and Child Health (MCH) programs, and primary health care providers by incorporating dental health messages into guidelines or curricula of programs like Comprehensive Perinatal Services Program and Black Infant Health.
- Expand access to dental care services by expanding knowledge of available sources of dental care such as Medi-Cal and Healthy Families.

PROBLEM

According to the 1993-94 MCH Branch-funded oral health needs assessment of children ages 2 to 15 years:

- 33 percent of Health Start Children had baby bottle tooth decay.
- 27 percent of preschool children had untreated tooth decay.
- 53 percent of all children in grades K-3 had untreated tooth decay.

PROGRAM ACTIVITIES

- Coordinate the Dental Health Workgroup.
- Provide technical assistance to local MCH programs to help them include more oral health activities.
- Develop an oral health component to the Comprehensive Perinatal Services Program.
- Include oral health in “Nutrition during Pregnancy and the Postpartum Period: A Manual for Health Care Professionals.”
- Help develop a surveillance system to collect information on oral health needs and dental services provided to children by local MCH programs.
- Work with other programs and agencies to identify ways of working together to improve the oral health of California’s mothers and children.

WHO BENEFITS

All California children and their families, but especially low-income families who suffer from more dental diseases.

WHO PROVIDES SERVICES

- State and local health department staff who incorporate dental health activities into their existing MCH programs.
- Dental Health Consultant who provides technical assistance to interested local programs.

FUNDING

Federal Title V Maternal and Child Health Block Grant

REGIONAL PERINATAL PROGRAMS OF CALIFORNIA (RPPC)

GOAL

Promote access to risk appropriate perinatal care to pregnant women and their infants through regional quality improvement activities.

PROBLEM

- Women and infants with medical problems who do not have access to specialized care are more likely to die or suffer permanent disabilities.
- In 1997, only 64.2 percent of very low birth weight infants were born in hospitals, which were designated by the California Children Services (CCS) as able to provide the appropriate level of specialized care.

PROGRAM ACTIVITIES

- Facilitate local perinatal advisory councils to provide regional planning, coordination, and recommendations to assure appropriate levels of care.
- Perform hospital surveys and perinatal assessments of regional and statewide significance, including collecting and assessing data.
- Develop communication networks among agencies, providers, and individuals to exchange information.
- Disseminate education materials and produce a statewide newsletter: *Perinatal Care Matters*.
- Provide resource directories, referral services, and hospital linkages to the two Perinatal Dispatch Centers which locate available beds for high-risk mothers and infants.
- Assist hospitals with quality improvement activities, data collection protocols, and quality assurance policies and procedures.

WHO BENEFITS

All pregnant women and their infants who are at high risk for medical problems, related to labor and delivery, and the community at large.

WHO PROVIDES SERVICES

Regional Perinatal Programs Directors and staff provide resources, consultation, and technical assistance to hospitals, and health care providers.

FUNDING

Federal Title V Maternal and Child Health Block Grant.

SCHOOL HEALTH CONNECTIONS (SHC)

GOAL

- School Health Connections' (SHC) goal is to ensure that children are healthy and ready to learn. SHC takes advantage of the pivotal position of schools in reaching children and families by combining health education, health promotion and disease prevention, and access to health-related services in an integrated and systematic manner.
- SHC actively supports a comprehensive school health system, which consists of eight components: 1) health education; 2) health services; 3) physical education; 4) healthful school environment; 5) counseling, psychological and social services; 6) nutrition services; 7) parent and community involvement; and 8) health promotion for staff.

PROBLEM

- Simply put, learning comes easier to a healthy child. Health problems, such as hunger, poor vision, dental problems or child abuse, interfere with learning. Physical and mental health problems cause children to miss school, lack energy, be distracted, or have other problems that impair their ability to learn.
- The most serious and expensive health and social problems that afflict our children and youth today are caused in large part by behavioral patterns established during youth (e.g. tobacco use, high fat diets, inadequate physical activity, drug and alcohol abuse, violence and unintentional injuries, and sexual behaviors). These six categories of behavior are responsible for 70 percent of deaths, illnesses and disabilities.

PROGRAM ACTIVITIES

- Implement *Building Infrastructure for Coordinated School Health: California's Blueprint*, which is a call to action to strengthen coordinated school health in California.
- Provide technical assistance to state- and local-level partners.
- Support school efforts that ensure children have health insurance (e.g. Healthy Families, Medi-Cal for Children).
- Coordinate programs to support the health of children, youth and families.

WHO BENEFITS

Over 6 million California children and youth who attend public schools at 8,500 school sites.

WHO PROVIDES SERVICES

The work is a partnership of the California Department of Health Services and California Department of Education, who together form School Health Connections.

FUNDING

School Health Connections is funded by a grant from the federal Centers for Disease Control and Prevention (CDC) and the David and Lucile Packard Foundation.

CALIFORNIA SUDDEN INFANT DEATH SYNDROME PROGRAM (SIDS)

GOAL

- Reduce the number of deaths due to Sudden Infant Death Syndrome (SIDS).
- Help families and others deal with the tragedy of SIDS.

PROBLEM

- SIDS is the number one cause of death for infants from one month to one year of age.
- African-American SIDS rates are 2.5 times higher than the rest of the population.

PROGRAM ACTIVITIES

- Outreach campaign to educate parents on how to reduce the risk of SIDS (e.g. sleep on back, avoid tobacco smoke, and avoid overheated bedroom).
- Targeted outreach campaign for African-American families.
- Trainings for SIDS families so that they can help other SIDS families in dealing with grief.
- Trainings for hospital staff, public health nurses, emergency responders, coroners, and the general public on SIDS facts and dealing with the emotional impact.
- Information to the public on the latest research concerning SIDS and its potential causes.

WHO BENEFITS

All parents of infants benefit by knowing they can actually do something to reduce the risk of SIDS. The SIDS risk reduction campaign known as “Back to Sleep” or “Reduce the Risk” has reduced the rate of SIDS deaths by 50 percent in California from 1991 to 1998.

WHO PROVIDES SERVICES

Parent volunteers, health professionals, and safety professionals who are assisted by expert consultants at California State University, Long Beach.

FUNDING

Federal Title V Maternal and Child Health Block Grant

FAMILY HEALTH OUTCOMES PROJECT (FHOP)

MCH sponsors the Family Health Outcomes Project (FHOP). In collaboration, FHOP and local health jurisdictions develop a comprehensive community assessment and ongoing evaluation of health indicators. FHOP provides consultation and technical assistance in the areas of program planning and evaluation, data and small area analysis, survey development, capacity building using data and developing integrated information systems. Additional information may be obtained through their web site at <http://www.ucsf.edu/fhop>.

PERINATAL DISPATCH CENTERS

Perinatal Dispatch Centers provide neonatal referral and transport services. There are two Perinatal Dispatch Centers (Southern and Northern) in California providing 24 hour a day linkage between all hospitals providing obstetrical services with neonatal intensive care services and units. The Dispatch Centers assist in the referral and transportation of high-risk maternity patients to perinatal centers and critically ill infants to California Children's Services (CCS) approved neonatal intensive care units.

MATERNAL AND CHILD HEALTH BRANCH

A Glossary of Acronyms

A

ABC	Answers Benefiting Children
AC	Allocated Charge
A&I	Audits and Investigations
AFDC	Aid to Families with Dependent Children
AFA	Allocation Funding Application
AFLP	Adolescent Family Life Program
AGA	Associate Government Analyst
AIM	Access for Infants and Mothers (Low-cost Insurance for pregnant women and children up to age 1)
AMS	Administrative Management Section
APN	Advanced Practice Nurse
ASPPP	Adolescent Sibling Pregnancy Prevention Program
ATS	Alternative Test Site
AVSS	Automated Vital Statistics System

B

BCP	Budget Change Proposal
BDW	Budget Detail Worksheet
BIH	Black Infant Health Program
BOMQA	Board of Medical Quality Assurance

C

Cal-Works	California Work Opportunity and Responsibility to Kids State version of Temporary Assistance to Needy Families (TANF)
CAN	California Association of Neonatologists
CAPHND	California Association of Public Health Nursing Directors
CAPW	California Advocates for Pregnant Women
CAPC	Child Abuse Prevention Council
CAT	Community Action Team
CBO	Community Based Organization
CCLHO	California Conference of Local Health Officers
CCLMCAHD	California Conference of Local Maternal Child Adolescent Health Directors
CCS	California Children's Services
CCU	Controlled Correspondence Unit (Correspondence that requires rapid response)
CDA	California Dietetic Association
CDAPP	California Diabetes and Pregnancy Programs
CDRT	Child Death Review Team
CFC	Children and Families Commission
CFR	Code of Federal Regulations
CHA	Community Health Advocate

C Cont.

CHDP	Children's Health and Disability Program
CHIA	Children's Health Insurance Access
CHOW	Community Health Outreach Worker
CIPP	Childhood Injury Prevention Program
CM	Contract Manager
CMS	Centers for Medicare and Medicaid Services (Formerly Health Care Finance Administration (HCFA))
CMS	Children's Medical Services (Includes CCS & CHDP)
CMSP	County Medical Services Program
CPHW	Comprehensive Perinatal Health Worker
CPQCC	California Perinatal Quality Care Collaborative
CPSP	Comprehensive Perinatal Services Program
CRT	Case Review Team
CSAC	County Supervisors Association of California
CSHCN	Children with Special Health Care Needs

D

DAPP	Diabetes And Pregnancy Program
DC	Direct Charge
DDST	Denver Developmental Screening Test (measures 1 month to 6 yrs)
DEC	Drug Endangered Children
DHS	Department of Health Services

E

EDS	Electronic Data System (Fiscal Intermediary)
EHA	Education for the Handicapped Act
EPA	Education Programs Associates
EPIC	Epidemiology and Prevention for Injury Control
EPSDT	Early Periodic Screening Diagnosis and Treatment (Disabled Children)
EW	Eligibility Worker

F

FCANS	Fatal Child Abuse and Neglect Surveillance
FEDS	Federal Government
FFP	Federal Financial Participation
FIMR	Fetal Infant Mortality Review
FHOP	Family Health Outcomes Project
FPFS	Family Preservation Family Support
FQHC	Federally Qualified Health Center

F Cont.

FRRC Family Resource and Referral Committee
FTE Full Time Equivalent

G

GAIN Greater Avenues for Independence

H

HCFA Health Care Finance Administration
HEC Health Education Consultant
HES Health Education Specialist
HOME Home Observation for Measurement of the Environment
HRIF High Risk Infant Follow-up
HRSA Health Resources and Services Administration

I

INDEX CHILD First child that brings the client to AFLP. Can be existent or prenatal.
INS Immigration and Naturalization Service
IPODM Improved Perinatal Outcomes Data Management
IRCA Immigration Reform and Control Act
ISP Individual Service Plan
ISIS Integrated Statewide Information System
ITSD Information Technology Systems Division

K

KISS Kids in Safe Seats

L

L&C Licensing and Certification
LEP Limited English Proficiency

M

MCCPOP Mid-costal California Perinatal Outreach Program
MCAH Maternal Child Adolescent Health
MCH Maternal Child Health (State Branch)
MEDS Medical Eligibility Data System
MIHRI Maternal Infant Health Risk Indicators
MIS Management Information System
MIS/GIS Management Information System/G Information System
MOU Memorandum of Understanding
MRMIB Managed Risk Medical Insurance Board (AIM & Healthy Families)

N

NACC National Association of Childbearing Centers

N Cont.

NC Nurse Consultant
NCAFS Nursing Child Assessment Feeding Scale
NCASA Nursing Child Assessment Sleep/Awake Activity Record
NCAST Nursing Child Assessment Satellite Training
NCATS Nursing Child Assessment Teaching Scale
NCPAS North Coast Perinatal Access Systems
NECPOP North-Eastern California Perinatal Outreach Program
NICU Neonatal Intensive Care Unit

O

OBRA Omnibus Budget Reconciliation Act
OFPP Office of Family Planning
OSHA Occupational Safety and Health Administration
OTS Office of Traffic Safety

P

PAC-LAC Perinatal Advisory Committee-Los Angeles County
PC Program Consultant
PCG Prenatal Care Guidance
PE Presumptive Eligibility
PHA Public Health Assistants
PHAA Public Health Administrative Activities
PHNC Public Health Nutrition Consultant
PHSWC Public Health Social Work Consultant
PIC Pediatric Intensive Care
POE Perinatal Outreach and Education
POEP Perinatal Outreach and Education Program
PRAMS Pregnancy Risk Assessment Monitoring System
PRET Preterm Labor Prevention Project
PSAP Prenatal Substance Abuse Program
PSC Perinatal Services Coordinator

R

RFA Request for Allocation
RFP Request for Proposal
RHC Rural Health Clinic
RPPC Regional Perinatal Programs of California

S

SAW/RAW Special Agricultural Worker/ Replacement Agricultural Worker Alien
SERI Socio-Economic Risk Indicators
SES Socio-Economic Status
SID Standards Implementation Document (AFLP)
SIDS Sudden Infant Death Syndrome
SLIAG State Legalization Assistance Grant

S Cont.

SMART	Special Multi-disciplinary Assessment and Referral Team
SNAP	Special Needs And Priorities
SOW	Scope of Work
SPMP	Skilled Professional Medical Personnel
SPRANS	Special Projects of Regional and National Significance
SPRO	Special Project Regional Origin
SPP	Special Population Program
SSA	Staff Services Analyst
SSM	Staff Services Manager
STD	Sexually Transmitted Disease

T

TA	Technical Assistance
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T Cont.

TANF	Temporary Assistance to Needy Families (Federal Funds)
TAR	Treatment Authorization Request
TCM	Targeted Case Management
Title V	Unmatchable Federal MCH Block Grant under Title V of Social Security
Title XIX	Federal Medi-Cal money to match costs of activities, women and children.

V

VON	Vermont Oxford Network (International and national data set for collecting neonatal mortality data)
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W

WIC	Women Infants and Children (Supplemental Nutrition Program)
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